



Form with fields for Motorist's Last Name, First Name, M.I., Date of Birth, Motorist's Address, City, State, Zip Code, NYS Driver License/ID Number, and gender options (Male/Female).

If you wish to waive your right to a hearing for a chemical test refusal, please fill out this waiver form and mail or fax it to the above address as soon as you receive this notice.

On [Date], I was arrested in the [City/Town/Village] of [County], New York by a member of [Police Agency]

on a charge of operating a motor vehicle while under the influence of alcohol or drugs, in violation of Section 1192 of the Vehicle and Traffic Law of the State of New York.

By signing this document, I waive my right to an administrative hearing by the Department of Motor Vehicles to decide if my license should be revoked for my refusal to submit to a chemical test as described above. Because of such refusal, I agree to have my license (or driving privilege in New York State) revoked.

I agree that, if presented, the testimony of the arresting officer would establish all required elements to prove a refusal to submit to a chemical test, as described in Section 1194 of the Vehicle and Traffic Law.

I understand that this means my license (or privilege of driving a motor vehicle in New York State) will be revoked. Before I may be issued a new license or have my driving privilege restored, I must pay a \$500 civil penalty required by law (\$550 if I hold a commercial driver license or was operating a commercial motor vehicle at the time of the offense).

I understand that a chemical test refusal will result in a driver responsibility assessment of \$750, payable to DMV in three (3) annual installments of \$250. If I do not pay the assessment, DMV will suspend my driver license, learner permit, and/or driving privilege.

If this is my second chemical test refusal in five years, or if I have been convicted of a violation of any subdivision of Section 1192 of the Vehicle and Traffic Law within the past five years, I must pay a \$750 civil penalty before I may be issued a new license or have my driving privilege restored.

Signature of Motorist (Date)

