

**pennsylvania**

DEPARTMENT OF TRANSPORTATION

CHEMICAL TESTING WARNINGS AND REPORT OF REFUSAL TO SUBMIT TO A BLOOD TEST AS AUTHORIZED BY SECTION 1547 OF THE VEHICLE CODE IN VIOLATION SECTION 3802 (relating to driving under the influence of Alcohol or Controlled Substance)

Forward to: Pennsylvania Department of Transportation (PennDOT)
 If mailing, send to: PennDOT, Bureau of Driver Licensing, P.O. Box 60037, Harrisburg PA 17106-0037
 If emailing, send to: RA-PDBDLCHEMTREF@pa.gov

| NAME | | | SEX | DATE OF BIRTH | | |
|---|---------------|-------|------------------------|---------------|-------|------------------------|
| FIRST | MIDDLE | LAST | | MONTH | DAY | YEAR |
| ADDRESS: A P.O. Box number may be used in addition to the actual residence address, but cannot be used as the only address. | | | CITY | | STATE | ZIP CODE |
| | | | | | | |
| CDL Holder | DRIVER NUMBER | STATE | CHEM TEST REQUEST DATE | | | SOCIAL SECURITY NUMBER |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | MONTH | DAY | YEAR | |

SECTION 1547 - BLOOD TESTING WARNINGS

NOTE TO OFFICER: Please read *all* of these warnings *in their entirety* to the operator even if the operator is not listening, is talking over you or is otherwise disruptive. An officer's duty to read these warnings is excused only in rare instances where the operator's actions make reading this form impossible. You must still give the operator an opportunity to take the blood test after you finish reading these warnings to the operator. The refusal of the operator to sign this form is not a refusal to submit to the blood test. If the operator was operating a commercial motor vehicle while having any alcohol or a controlled substance in his/her system, you must also read the warnings on the reverse side of this form and complete the form.

It is my duty as a police officer to inform you of the following:

- You are under arrest for driving under the influence of alcohol or a controlled substance in violation of Section 3802 of the Vehicle Code.
- I am requesting that you submit to a chemical test of blood.
- If you refuse to submit to the blood test, your operating privilege will be suspended for at least 12 months. If you previously refused a chemical test or were previously convicted of driving under the influence, your operating privilege will be suspended for up to 18 months. If your operating privilege is suspended for refusing chemical testing, you will have to pay a restoration fee of up to \$2,000 in order to have your operating privilege restored.
- You have no right to speak with an attorney or anyone else before deciding whether to submit to testing. If you request to speak with an attorney or anyone else after being provided these warnings or you remain silent when asked to submit to a blood test, you will have refused the test.

I certify that I have READ the above warnings to the operator regarding the suspension of his/her operating privilege and gave the operator an opportunity to submit to blood test.

Signature of Officer: _____ Date: _____

I have been advised of the above.

Signature of Operator: _____ Date: _____

Operator refused to sign, after being advised.

Signature of Officer: _____ Date: _____

AFFIDAVIT

- The above operator was placed under arrest for driving under the influence of alcohol or a controlled substance in violation of Section 3802 of the Vehicle Code, and there were reasonable grounds to believe that the above operator had been driving, operating or in actual physical control of the movement of a vehicle while in violation of Section 3802.
- The above operator was requested to submit to a blood test as authorized by Section 1547 of the Vehicle Code.
- The above operator was **read** by a police officer the chemical test warnings contained in paragraphs 1 through 4 above.
- The above operator refused to submit to a blood test after having been read the above warnings.

I certify that all the information given in this form is true and correct to the best of my knowledge, information and belief.

Officer Signature: _____ Officer Name: _____

Phone: () _____ Email: _____ Police Department Email: _____

Badge Number: _____ Jurisdiction: _____

Mailing Address: _____

PLEASE LIST NAME, BADGE NUMBER, AND PHONE NUMBER OF ARRESTING OFFICER IF NOT THE SAME OFFICER WHO WITNESSED THE REFUSAL: _____

Note: Any pertinent facts not covered by the affidavit should be submitted on a separate sheet and attached hereto. That sheet should include the names of additional witnesses necessary to prove the elements to which you have attested.

**pennsylvania**

DEPARTMENT OF TRANSPORTATION

CHEMICAL TESTING WARNINGS AND REPORT OF REFUSAL TO SUBMIT TO A BLOOD TEST AS AUTHORIZED BY SECTION 1613 OF THE VEHICLE CODE (COMMERCIAL MOTOR VEHICLE)

Forward to: Pennsylvania Department of Transportation (PennDOT)
 If mailing, send to: PennDOT, Bureau of Driver Licensing, P.O. Box 60037, Harrisburg PA 17106-0037
 If emailing, send to: RA-PDBDLCHEMTREF@pa.gov

| | | | | | | |
|--|----------------------|--------------|-------------------------------|----------------------|--------------|-------------------------------|
| NAME | | | SEX | DATE OF BIRTH | | |
| FIRST | MIDDLE | LAST | | MONTH | DAY | YEAR |
| ADDRESS: A.P.O. Box number may be used in addition to the actual residence address, but cannot be used as the only address. | | | CITY | | STATE | ZIP CODE |
| | | | | | | |
| CDL Holder | DRIVER NUMBER | STATE | CHEM TEST REQUEST DATE | | | SOCIAL SECURITY NUMBER |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | MONTH | DAY | YEAR | |

Was a CMV Being Driven: _____ (Check if applicable) Were Hazardous Materials Being Carried: _____ (Check if applicable)

SECTION 1613 - BLOOD TESTING WARNINGS

It is my duty as a police officer to inform you of the following:

- I am requesting that you submit to a blood test.
- Because you were operating a commercial motor vehicle, if you refuse to submit to the blood test your commercial driving privilege will be disqualified for at least one year, and it could be disqualified for life. In addition, if you are arrested for driving under the influence of alcohol or a controlled substance in violation of Section 3802 of the Vehicle Code and you refuse a blood test, your operating privilege will be suspended for at least 12 months. If you previously refused a chemical test or were previously convicted of driving under the influence, your operating privilege will be suspended for up to 18 months. If your operating privilege is suspended for refusing chemical testing, you will have to pay a restoration fee of up to \$2,000 in order to have your operating privilege restored.
- You have no right to speak with an attorney or anyone else before deciding whether to submit to testing. If you request to speak with an attorney or anyone else after being provided these warnings or you remain silent when asked to submit to a blood test, you will have refused the test.

I certify that I have READ the above warning to the operator regarding the disqualification of his/her operating privilege and gave the operator an opportunity to submit to chemical testing.

Signature of Officer: _____ Date: _____

I have been advised of the above.

Signature of Operator: _____ Date: _____

Operator refused to sign, after being advised.

Signature of Officer: _____ Date: _____

NOTE TO OFFICER: The refusal of the operator to sign this form is not a refusal to submit to the chemical test. You must still give the operator an opportunity to take the chemical test after reading this form to the operator.

AFFIDAVIT

- The above commercial motor vehicle driver was stopped by a police officer who, after stopping the driver, had reasonable grounds to believe that the driver had been operating a commercial motor vehicle while having any alcohol in his/her system.
- The above commercial driver was requested to submit to a blood test as authorized by Section 1613 of the Vehicle Code.
- The above commercial driver was read by a police officer the chemical test warnings contained in paragraph 2 and 3 above.
- The above named commercial driver refused to submit to a blood test after having been read the above warnings.

I certify that all information given in this form is true and correct to the best of my knowledge, information and belief.

Officer Signature: _____ Officer Name: _____

Phone: () Email: _____ Police Department Email: _____

Badge Number: _____ Jurisdiction: _____

Mailing Address: _____

PLEASE LIST NAME, BADGE NUMBER, AND PHONE NUMBER OF ARRESTING OFFICER IF NOT THE SAME OFFICER WHO WITNESSED THE REFUSAL: _____

Note: Any pertinent facts not covered by the affidavit should be submitted on a separate sheet and attached hereto. That sheet should include the names of additional witnesses necessary to prove the elements to which you have attested.