

DEPARTMENT OF TRANSPORTATION

CHEMICAL TESTING WARNINGS AND REPORT OF **REFUSAL TO SUBMIT TO A BREATH 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			nce address, but cannot be	used as the only add	dress.	СІТҮ			STATE	ZIP C	CODE
CDL Holder	DRIVER NUMBER			STATE	CHEM T	EST REQUEST	DATE	SOCIA	L SECUR	I RITY NUN	/BER
🗋 YES					MONTH	DAY	YEAR				
D NO											
		SECTIO	DN 1547 - E	BREATH	I TESTIN	IG WARN	NINGS				
NOTE TO	OFFICER: Please rea							nina. is talk	ina over	vou or i	s
otherwise	e disruptive. An office	er's duty to read the	se warnings is e	xcused only	in rare insta	nces where th	e operator's	actions ma	ake readi	ng this f	form
	le. You must still give										
	erator to sign this for										ng any
alconol o	r a controlled substa	nce in his/her syste	em, you must also	o read the wa	arnings on tr	ie reverse sid	e of this form	i and comp	lete the i	rorm.	
lt is mv du	ty as a police office	r to inform you of	the following:								
	under arrest for drivi		•	a controlled	substance in	violation of S	ection 3802 c	of the Vehic	le Code.		
	questing that you sul I test of breath.	bmit to a chemical	test of breath. Y	ou must suc	ccessfully co	mplete two co	onsecutive br	eath samp	les in ore	der to co	omplete a
3. If you re	fuse to submit to the	breath test, your op	erating privilege	will be suspe	ended for at le	east 12 month	s. If you prev	iously refus	sed a che	emical te	st or were
	sly convicted of drivin										
	ing chemical testing,										
	it to the breath test, a you will be subject to		0	```		, ,	0,		,	·	,
	uld be imposed if yo										
	inimum fine of \$1,00										•
	e no right to speak w er being provided the									attorney	or anyone
I certify th	at I have READ the	above warnings	to the operator	regarding t	he suspensi	ion of his/he	r operating	privilege a	nd gave	the op	erator a
opportunit	y to submit to a bre	ath test.									
•	re of Officer:					Date:			_		
	n advised of the abo	ove.				_					
•	re of Operator:					Date:					
•	efused to sign, after	•				D .					
Signatu	re of Officer:					Date:					
				AFFIDA							
	ve operator was plac										
	nd there were reason while in violation of S		leve that the abo	ve operator i	nad been driv	/ing, operating	g or in actual	physical co	ontrol of t	ne move	ent of a
	ve operator was requ		i breath test, as a	authorized by	V Section 154	7 of the Vehic	le Code.				
								/e.			
	he above operator was read by a police officer the chemical test warnings contained in paragraphs 1 through 4 above.										
4. The abov	. The above operator refused to submit to a breath 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.

USE FOR BREATH TEST

pennsylvania					
DEPARTMENT OF TRANSPORTATION					

CHEMICAL TESTING WARNINGS AND REPORT OF REFUSAL TO SUBMIT TO A BREATH 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

DATE OF BIRTH			
YEAR			
ZIP CODE			
SOCIAL SECURITY NUMBER			
(Check if applicable			

SECTION 1613 - BREATH TESTING WARNINGS

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

- 1. I am requesting that you submit to a chemical test of breath. You must successfully complete two consecutive breath samples in order to complete a chemical test of breath.
- 2. Because you were operating a commercial motor vehicle, if you refuse to submit to the breath 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 breath 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. In addition, if you refuse to submit to the breath test, and you are convicted of violating Section 3802(a)(1) (relating to impaired driving) of the Vehicle Code, then, because of your refusal, you will be subject to more severe penalties set forth in Section 3804(c) (relating to penalties) of the Vehicle Code. These are the same penalties that would be imposed if you were convicted of driving with the highest rate of alcohol, which include a minimum of 72 consecutive hours in jail and a minimum fine of \$1,000.00, up to a maximum of seven years in jail and a maximum fine of \$15,000.
- 3. 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 breath 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.

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

1. 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.

2. The above commercial driver was requested to submit to a breath test as authorized by Section 1613 of the Vehicle Code.

3. The above commercial driver was read by a police officer the chemical test warnings contained in paragraph 2 and 3 above.

4. The above named commercial driver refused to submit to a breath 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.