



pennsylvania

DEPARTMENT OF TRANSPORTATION

CHEMICAL TESTING WARNINGS AND REPORT OF REFUSAL TO CHEMICAL TESTING AS AUTHORIZED BY SECTION 1547 IN VIOLATION OF SECTION 1543(B)(1.1) RELATING TO DRIVING WHILE OPERATING PRIVILEGE IS SUSPENDED OR REVOKED

1547b1

Side 2

For Department Use Only

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	
DRIVER NUMBER		STATE	CHEM TEST REQUEST DATE			SOCIAL SECURITY NUMBER
			MONTH	DAY	YEAR	

SECTION 1547 - CHEMICAL TESTING WARNINGS

1. Please be advised that you are under arrest for driving while operating privilege is suspended or revoked in violation of Section 1543(b)(1.1) of the Vehicle Code
2. I am requesting that you submit to a chemical test of _____ (blood or breath. Officer chooses the chemical test).
3. It is my duty as a police officer to inform you that if you refuse to submit to the chemical test, your operating privilege will be suspended for at least six months.
4. It is also my duty as a police officer to inform you that you have no right to speak with an attorney or anyone else before deciding whether to submit to testing and any request to speak with an attorney or anyone else after being provided these warnings or remaining silent when asked to submit to chemical testing will constitute a refusal, resulting in the suspension of your operating privilege.

I certify that I have READ the above warning to the motorist regarding the suspension of their operating privilege and gave the motorist an opportunity to submit to chemical testing.

Signature of Officer: _____ **Date:** _____

I have been advised of the above.

Signature of Motorist: _____ **Date:** _____

Motorist refused to sign, after being advised.

Signature of Officer: _____ **Date:** _____

AFFIDAVIT

1. The above motorist was placed under arrest for driving while operating privilege is suspended or revoked in violation of Section 1543(b)(1.1) of the Vehicle Code, and there were reasonable grounds to believe that the above motorist had been driving, operating or in actual physical control of movement of a motor vehicle while under the influence of alcohol or a controlled substance or both.
2. The above motorist was requested to submit to chemical testing as authorized by Section 1547 of the Vehicle Code.
3. The above motorist was **read** by a police officer of the chemical test warnings contained in paragraph 3 and 4 above.
4. The above named motorist refused to submit to chemical testing after having been **read** the above warnings.

OFFICER NOTE: The refusal to sign this form is not a refusal to submit to the chemical test. You must still give the motorist an opportunity to take the chemical test after reviewing this form. I certify that all information given in this form is true and correct.

**Do Not Use
This Form
When 3802
DUI is Suspected
(Use DL-26 instead)**

Officer Signature: _____

Officer Name: _____
(Type or Print)

Badge Number: _____ Jurisdiction: _____

Mailing Address: _____

_____ Phone: (____) _____

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



CHEMICAL TESTING WARNINGS AND REPORT OF REFUSAL TO CHEMICAL TESTING AS AUTHORIZED BY SECTION 1547 IN VIOLATION OF SECTION 3808(a)(2) RELATING TO ILLEGALLY OPERATING A MOTOR VEHICLE NOT EQUIPPED WITH IGNITION INTERLOCK

1547b1

Side 1

For Department Use Only

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	
DRIVER NUMBER		STATE	CHEM TEST REQUEST DATE			SOCIAL SECURITY NUMBER
			MONTH	DAY	YEAR	

SECTION 1547 - CHEMICAL TESTING WARNINGS

1. Please be advised that you are under arrest for illegally operating a motor vehicle not equipped with an ignition interlock in violation of Section 3808(a)(2) of the Vehicle Code.
2. I am requesting that you submit to a chemical test of _____ (blood or breath. Officer chooses the chemical test).
3. It is my duty as a police officer to inform you that if you refuse to submit to the chemical test, your operating privilege will be suspended for at least six months.
4. It is also my duty as a police officer to inform you that you have no right to speak with an attorney or anyone else before deciding whether to submit to testing and any request to speak with an attorney or anyone else after being provided these warnings or remaining silent when asked to submit to chemical testing will constitute a refusal, resulting in the suspension of your operating privilege.

I certify that I have READ the above warning to the motorist regarding the suspension of their operating privilege and gave the motorist an opportunity to submit to chemical testing.

Signature of Officer: _____ **Date:** _____

I have been advised of the above.

Signature of Motorist: _____ **Date:** _____

Motorist refused to sign, after being advised.

Signature of Officer: _____ **Date:** _____

AFFIDAVIT

1. The above motorist was placed under arrest for illegally operating a motor vehicle not equipped with an ignition interlock in violation of Section 3808(a)(2) of the Vehicle Code, and there were reasonable grounds to believe that the above motorist had been driving, operating or in actual physical control of the movement of a motor vehicle while under the influence of alcohol or a controlled substance or both.
2. The above motorist was requested to submit to chemical testing as authorized by Section 1547 of the Vehicle Code.
3. The above motorist was **read** by a police officer of the chemical test warnings contained in paragraph 3 and 4 above.
4. The above named motorist refused to submit to chemical testing after having been **read** the above warnings.

OFFICER NOTE: The refusal to sign this form is not a refusal to submit to the chemical test. You must still give the motorist an opportunity to take the chemical test after reviewing this form. I certify that all information given in this form is true and correct.

**Do Not Use
This Form
When 3802
DUI is Suspected
(Use DL-26 instead)**

Officer Signature: _____

Officer Name: _____
(Type or Print)

Badge Number: _____ Jurisdiction: _____

Mailing Address: _____

Phone: (____) _____

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

Forward to:
Department of Transportation
Bureau of Driver Licensing
P.O. Box 60037
Harrisburg, PA 17106-0037

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.