

**STATE OF FLORIDA**  
**AFFIDAVIT OF REFUSAL TO SUBMIT TO**  
**BREATH TEST**

I, \_\_\_\_\_, a duly certified Law Enforcement or Correctional Officer, am a  
(Name of Officer reading Implied Consent Warning)

member of \_\_\_\_\_, and I do swear  
(Name of Law Enforcement Agency)

or affirm that on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ ☐ P.M. ☐ A.M.

DRIVER \_\_\_\_\_,  
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # \_\_\_\_\_, state of \_\_\_\_\_, was placed under lawful arrest for  
the offense of \_\_\_\_\_ by \_\_\_\_\_ and  
(Name of Arresting Officer)  
issued citation # \_\_\_\_\_.

That on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ ☐ P.M. ☐ A.M.  
in \_\_\_\_\_ County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, and that he or she commits a misdemeanor of the second degree by so refusing. Additionally, I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test, and that he or she commits a misdemeanor of the first degree by so refusing. Nonetheless, the driver refused to submit to the test requested.

\_\_\_\_\_  
Signature of Law Enforcement Officer or Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)**

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer

**(AFFIX SEAL)**

The foregoing instrument was sworn and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_,  
who is personally known to me or who has produced  
\_\_\_\_\_ as identification.

Notary Public \_\_\_\_\_

Title \_\_\_\_\_  
Date \_\_\_\_\_

Note: Mail or hand deliver to the designated  
Bureau of Administrative Reviews office,  
Department of Highway Safety and Motor  
Vehicles, with the driver's license, the  
appropriate copy of the UTC, and the probable  
cause affidavit.

BAR1001

**\*\*EFFECTIVE OCTOBER 1, 2025\*\***