

**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES**  
**AFFIDAVIT OF REFUSAL TO SUBMIT TO**  
**BLOOD 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 \_\_\_\_\_, appeared for treatment at a  
hospital, clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test  
was impossible or impractical.

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

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or 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. I also informed the driver that if he or she holds a Commercial Driver's License (CDL), or was operating a commercial motor vehicle, refusal would result in the disqualification of the CDL for a period of one (1) year in the case of a first refusal or permanently if he or she had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

\_\_\_\_\_  
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:

**(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 \_\_\_\_\_

HSMV-BAR1002 (REV. 09/2021)

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

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.