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:

___________________________________________
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 ____________________________
HSMV-BAR1002 (REV. 09/2021)
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.