

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
URINE 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 **URINE** test for the purpose of determining the presence of chemical or controlled substances. 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.

BAR1002

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