

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BLOOD TEST (Commercial Driver's License)

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 for the purpose of determining its alcohol content and/or the presence of chemical or controlled substances. 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. 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:

(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 _____

BAR1003A

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.

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