ARRESTEE'S NAME: _____ DL No.: _____ STATE of ISSUE: ___

IMPLIED CONSENT TEST REQUEST

(Effective 11/1/2019)

1. You have been arrested and you are requested to submit to a test or tests to determine the presence and/or concentration of intoxicants in your body.
2. The state's test will be a [insert ONE word "breath" OR the word "blood"] test. If a blood test is performed, it will be done by approved medical personnel.
3. Once you complete the state's test, you may have an additional blood test at your own expense, provided that a sufficient quantity of any specimen obtained shall be available to the state for testing.
4. You are not entitled to consult with an attorney prior to making your decision whether or not to submit to the state's tests.
5. You may refuse the state's test, but as a consequence your driving privilege will be revoked or denied by the Department of Public Safety.
6. If you are age 21 years or older and the test result is 0.08 or more alcohol concentration, your driving privilege will be revoked or denied by the Department of Public Safety. If you are under age 21 and the test result is 0.02 or more alcohol concentration, your driving privilege will be revoked or denied by the Department of Public Safety.
7. You may apply to participate in the Department's Impaired Driver Accountability Program (IDAP).
8. Will you take the state's test?

RIGHT TO APPEAL

You may appeal Departmental action against your driving privilege as a result of this arrest by filing a petition in the District Court of the County in which you were arrested. BREATH TEST/REFUSAL: Your petition must be filed within thirty (30) days of the date listed below. BLOOD TEST: Your petition must be filed within forty (40) days of the date Notice is mailed by the Department.

IMPAIRED DRIVER ACCOUNTABILITY PROGRAM

- Instead of appealing to District Court, you may be eligible to participate in the Impaired Driver Accountability Program (IDAP) administered by the Department of Public Safety (DPS).
- Completion of IDAP may prevent a revocation as a result of this arrest from appearing on your driving record.
- Participation in IDAP may reduce the amount of fees you will be required to pay to the State.
- By participating in IDAP, you may avoid the time and expense contesting the revocation action in District Court as a result of this arrest.
- If you submitted to a breath test or refused any test, you must request IDAP within thirty (30) days of the date listed below.
- If DPS takes action due to a blood test result, Notice will be mailed to you at the address on file with DPS. The Notice will include information concerning participation in IDAP.
- You must request IDAP either by mail to the Department of Public Safety at P.O. Box 11415, Oklahoma City, OK 73136, or by appearing in person before a DPS Compliance Hearing Officer.

SERVICE: Hand-delivered by the undersigned officer to the Arrestee on the _____ day of _____, _____.

_____ _____

Officer's Printed Name Officer's Signature