


# AGE 21 AND OLDER OFFICER'S STATEMENT - DS 367

 <b>AGE 21 AND OLDER OFFICER'S STATEMENT</b> SECTIONS 13363 & 13363.2 VEHICLE CODE		<b>APS</b> FORWARD THIS FORM TO YOUR LOCAL DRIVER SAFETY OFFICE WITHIN 5 BUSINESS DAYS	
LAW ENFORCEMENT AGENCY CASE NO. (1)		ARREST DATE (2)	FOR DMV USE ONLY
DRIVER'S NAME (LAST, FIRST, MI) (3)		DRIVER LICENSE NO.	CLASS STATE
MAILING ADDRESS		STATE	ZIP CODE
DOB: _____ Sex: _____ Hair: _____ Eyes: _____ HL: _____ WT: _____			THUMB PRINT (Right thumb or specify) (4)
Driver License: <input type="checkbox"/> Suspended/Revoked <input type="checkbox"/> Surrendered to Officer (Attach) <input type="checkbox"/> Not in Possession (5) <input type="checkbox"/> Out-of-State <input type="checkbox"/> 0.08% or more BAC Chemical Tests Results <input type="checkbox"/> Chemical Test Refusal <input type="checkbox"/> Forced Blood Test (Complete refusal)			
Vehicle Lic. No. or VIN (7) _____ (8) _____ <input type="checkbox"/> COMMERCIAL VEHICLE: Vehicle operation requires a commercial driver license (Section 15210 CVC). On _____ (9) _____ at _____ AM/PM in (City and County) _____ CA, the above named driver was:			
(10) <input type="checkbox"/> Driving: <input type="checkbox"/> observed by this officer or <input type="checkbox"/> the observer shown in the shaded area below, <input type="checkbox"/> Admitted to driving. (11) <input type="checkbox"/> Arrested per Section 40300.5 CVC. (Describe details in probable cause section on second page.) (12) <input type="checkbox"/> Involved in a collision. Attach collision report. In the probable cause section on the second page, describe how time of collision was established.			
I had reasonable cause to believe the driver was driving a motor vehicle with alcohol and/or drugs present in the blood or while under the influence. The driver was arrested by this officer or by the person shown in the shaded area below on _____ (13) _____ (Day/Month/Year) at _____ AM/PM for violation of Section 23152 or 23153 CVC, or Section 191.5(a) or 192(c) of the Penal Code.			
PROBABLE CAUSE. Describe in detail the facts and circumstances that led to the stop or contact. If driving was observed by someone other than the arresting officer, what did the observer say? State details on second page of this form hereby incorporated by reference, and sign the certification on the second page. (14)			
<input type="checkbox"/> Driving observed <input type="checkbox"/> Driver arrested <input type="checkbox"/> Collision witnessed By <input type="checkbox"/> Officer <input type="checkbox"/> Citizen		<input type="checkbox"/> Driving observed <input type="checkbox"/> Driver arrested <input type="checkbox"/> Collision witnessed By <input type="checkbox"/> Officer <input type="checkbox"/> Citizen	
NAME (PLEASE PRINT) (15) _____		NAME (PLEASE PRINT) _____	
ADDRESS _____		ADDRESS _____	
TELEPHONE NO. OFFICER'S BADGE NO. OFFICER'S AGENCY		TELEPHONE NO. OFFICER'S BADGE NO. OFFICER'S AGENCY	
OBJECTIVE SYMPTOMS of Intoxication: <input type="checkbox"/> Bloodshot/watery eyes <input type="checkbox"/> Odor of alcoholic beverage <input type="checkbox"/> Unsteady gait <input type="checkbox"/> Slurred speech <input type="checkbox"/> Other (16) _____ Observed by: _____ at _____ AM/PM			
<b>CHEMICAL TEST 0.08% OR MORE BLOOD ALCOHOL CONCENTRATION (BAC)</b>			
Breath Test Results (Attach copy of the results, if available) TEST 1 _____ % BAC on _____ (17) _____ AM/PM TEST 2 _____ % BAC on _____ AM/PM TEST 3 _____ % BAC on _____ AM/PM <small>(WHEN APPLICABLE)</small>			
BREATH TEST MACHINE OPERATOR'S CERTIFICATION: I certify under penalty of perjury under the laws of the State of California, that the above breath test sample results were obtained in the regular course of my duties. I further certify that I am qualified to operate this equipment and that the test was administered pursuant to the requirements of Title 17 of the California Code of Regulations. Date _____ Signature X (18) _____ Badge/ID No. _____ Agcy./Div. _____			
Blood Test Results <input type="checkbox"/> Blood Test on _____ (19) _____ AM/PM <input type="checkbox"/> Forced Blood Test			
Urine Test Results <input type="checkbox"/> Both Breath and Blood tests unavailable. <input type="checkbox"/> Drug use suspected. <input type="checkbox"/> Urine Test First Void on _____ (20) _____ AM/PM Test on _____ AM/PM			
I certify under penalty of perjury, under the laws of the State of California, that the information contained in this Officer's Statement is true and correct.			
EXECUTED ON: Date _____ (21) _____ AT: City _____ County _____ State _____			
OFFICER'S PRINTED NAME _____ (22)		BADGE NO. _____	TELEPHONE NO. _____
AGENCY _____		AREA _____	COURT CODE (IF UNKNOWN, COURT NAME) _____
I <input type="checkbox"/> did <input type="checkbox"/> did not personally serve a copy of the Order of Suspension/Revocation to the driver on the issue date shown below. (23)			
ISSUE DATE OF ORDER _____		SIGNATURE OF ARRESTING OFFICER _____ (24)	
IF ORDER SERVED BY ANOTHER OFFICER: I personally served a copy of the order to the driver on the date shown below:			
ISSUE DATE _____ (25)		OFFICER'S PRINTED NAME _____	SIGNATURE OF OFFICER _____ (26)
DS 367 (REV. 10/2005)		White—DMV Yellow—Law Enforcement Pink—Driver	continued on reverse

# AGE 21 AND OLDER CHEMICAL TEST REFUSAL - DS 367

## CHEMICAL TEST REFUSAL (13353 CVC)

### CHEMICAL TEST ADMONITION (23612 CVC)

I admonished the driver on (27) at                      AM/PM in                      CA.

1. You are required by state law to submit to a chemical test to determine the alcohol and/or drug content of your blood.
2.  a. Because I believe you are under the influence of alcohol, you have a choice of taking a breath or blood test.
- b. Because I believe you are under the influence of alcohol and drugs, you have a choice of taking a breath, blood or urine test.
- c. WHEN APPLICABLE: Since the breath and blood tests are unavailable, you are deemed to have given your consent to chemical testing                      of your urine.
- d. WHEN APPLICABLE: Since you need medical treatment, your choice is limited to (28) test(s), the only test(s) available at                     .
3. If you refuse to submit to, or fail to complete a test, your driving privilege will be suspended for one year or revoked for two or three years. A second offense within seven years of a separate violation of driving under the influence, including such a charge reduced to reckless driving, or vehicular manslaughter, or a violation of Section 23140 CVC, or separate administrative determination that you were driving with a BAC of 0.01% or more while under age 21, or a BAC of 0.08% or more at any age, or you refused a test, will result in a two-year revocation. Three or more offenses within seven years of any combination of the above violations, convictions or separate administrative determinations will result in a three-year revocation.
4. Refusal or failure to complete a test may be used against you in court. Refusal or failure to complete a test will also result in a fine and imprisonment if this arrest results in a conviction of driving under the influence.
5. You do not have the right to talk to an attorney or have an attorney present before stating whether you will submit to a test, before deciding which test to take, or during the test.
6. If you cannot, or state you cannot, complete the test you choose, you must submit to and complete a remaining test.

RESPONSE TO: Will you take a Breath test? (29) Blood test?                     

Both Breath and Blood tests are unavailable. EXPLAIN:                     

Drug use suspected.

RESPONSE TO: Will you take a urine test?                     

The driver refused to submit to or failed to complete any such test. The refusal or failure was indicated by the following statements or actions: (30)

If not given in English, admonition was given in  Spanish  Other language (specify) (31)

If the above Chemical Test Admonition was read to arrestee by another officer, indicate that officer's:

Name (32) Badge/ID No.                      Agency                      Phone No. ( )

### DRUG ADMONITION SUPPLEMENT

I believe the driver was driving under the influence of drugs or a combination of drugs and alcohol. In addition to the breath test results and information listed on the front, my belief is based on the following facts: (33)

#### DRUG ADMONITION: Blood and Urine Only

1. The breath test you have just taken is designed to detect only the alcohol content of your blood.
2. Because I believe you are under the influence of drugs or a combination of drugs and alcohol, you are required by state law to submit to a blood or urine test to determine the drug content of your blood.
3. If you refuse to submit to, or fail to complete a test, your driving privilege will be suspended for one year or revoked for two or three years. A second offense within seven years of a separate violation of driving under the influence, including such a charge reduced to reckless driving, or vehicular manslaughter, or a violation of Section 23140 CVC, or a separate administrative determination that you were driving with a BAC of 0.01% or more while under age 21, or a BAC of 0.08% or more at any age, or you refused a test, will result in a two-year revocation. Three or more offenses within seven years of any combination of the above violations, convictions or separate administrative determinations will result in a three-year revocation.
4. Refusal or failure to complete a test may be used against you in court. Refusal or failure to complete a test will also result in a fine and imprisonment if this arrest results in a conviction of driving under the influence.
5. You do not have the right to talk to an attorney or have an attorney present before stating whether you will submit to a test, before deciding which test to take, or during the test.
6. If you cannot, or state you cannot, complete the test you choose, you must submit to and complete the remaining test.

If the above Drug Admonition was read to the arrestee by another officer, indicate that officer's:

Name (34) Badge/ID No.                      Agency                      Phone No. ( )

If not given in English, admonition was given in  Spanish  Other language (specify) (35)

Response to: Will you take a Blood test? (36) Urine test?                     

The driver refused to submit to or failed to complete any such test. The refusal or failure was indicated by the following statements or actions: (37)

DS 367 (REV. 10/2000)



# COMPLETING THE OFFICER'S STATEMENT - DS 367



## COMPLETING THE OFFICER'S STATEMENT - Age 21 and Older

To order forms write to DMV, Materials Management Section, MS L240, 4500 Peñ Drive, Sacramento, CA 95838.

For information about this form, please call the Driver Safety office at: Sacramento (916) 227-2970, Oakland (510) 563-8900, San Francisco (415) 557-1170, San Jose (408) 277-1314, Fresno (209) 488-4292, El Segundo (310) 615-3500, Oxnard (805) 488-0863, City of Commerce (213) 728-2346, San Bernardino (909) 383-7413, Irvine (949) 440-4416, or San Diego (619) 627-3901.

1	<b>Law Enforcement Agency Case No.</b>	Enter your agency's case number, if any.
2	<b>Arrest Date</b>	Show the date of the driver's arrest.
3	<b>Driver Information.</b>	Enter the driver's name, driver license number, class of license and the state which issued the license. Show the driver's address, date of birth and physical description including sex, color of hair and eyes, height and weight.
4	<b>Thumb Print</b>	The (optional) thumb print is used as an alternate form of identification. Identify which finger was used if other than the right thumb.
5	<b>Status of Driver License</b>	Check the appropriate box to show whether the driver license is suspended or revoked, surrendered to the officer, or not in possession.
6	<b>Breath or Blood Test BAC 0.08% or more</b>	Check this box when a breath test was taken with results of 0.08% BAC or more, or a blood test was taken and you believe the results will be 0.08% BAC or more. Complete the Breath or Blood Test Section below.
	<b>Urine Test BAC 0.08% or more</b>	Check this box when a urine test was taken and you believe the results will show 0.08% BAC or more. Complete the Urine Test Section below.
	<b>Chemical Test Refusal</b>	Check this box when a driver refused to submit to, or failed to complete a breath or a blood test (when applicable) or a breath, blood or urine test (when applicable). Complete the refusal section(s) on the reverse.
7	<b>Vehicle Lic. No./VIN</b>	Enter the vehicle license plate number or vehicle identification number.
8	<b>Commercial Vehicle Sec. 15210 VC</b>	Check this box if the vehicle driven was a commercial vehicle and the driver was required to have a commercial driver license pursuant to Section 15210 VC.
9	<b>Incident Date, Time and Location</b>	Indicate the date, time of the incident, circle the AM or PM and enter the location where the driver was stopped or contacted.
10	<b>Driving Observed By</b>	Check this box if the driver was observed driving and check a subsequent box if driving was observed by the arresting officer or by another person. If another person observed the driving, complete the Other Observer and/or Witness section in the shaded area below.
11	<b>Section 40300.5 VC</b>	Check this box if the probable cause for the stop or contact was pursuant to Section 40300.5 VC. You must describe the details in the Probable Cause section below.
12	<b>Involved in a Collision</b>	Check this box if the driver was involved in a traffic collision.
13	<b>Arrest Date and Time</b>	Indicate the date and time of the arrest and circle the AM or PM.
14	<b>Probable Cause</b>	Indicate what driving actions were observed which led to the initial stop or contact of the driver. (Weaving without further explanation is insufficient to establish that there was probable cause for the stop.) State if the contact was the result of a traffic collision and show how the time of the collision was determined. Show personal observations, admissions by the driver and statements made by witnesses to establish who was driving the vehicle.
15	<b>Other Observer and/or Witness</b>	Check the appropriate box to show whether another officer or private citizen observed the driving, arrested the driver or witnessed the collision. Also, check a box to show whether it was observed or witnessed by another officer or a private citizen. Enter the name, address and telephone number of the other officer or the private citizen. Show the officer's badge or ID number and agency. (A private citizen arrest must meet the same standards of probable cause as an arrest by a peace officer. An arrest is valid at the moment of actual restraint, which may be verbal or physical. Some action, more than just watching an incident occur, must take place to have an arrest.)
16	<b>Objective Symptoms of Intoxication</b>	Check the boxes that best describe the objective symptoms of intoxication. More than one box may be checked. Explain any other objective symptoms of intoxication not shown. Show the observer's name, the time of the observation and circle the AM or PM.
17	<b>Breath Test Results</b>	Enter the breath test results, the date and time of the test(s) and circle the AM or PM. (A valid breath test requires 2 breath samples within .02% BAC.)

DS 367 INSTRUCTIONS (REV. 1/88)

## COMPLETING THE OFFICER'S STATEMENT - DS 367

18	Breath Test Machine Operator's Certification	Date and sign the certification and enter the badge or ID number and the agency or division.
19	Blood Test Results	Check a box to show if a blood test was taken. Enter the test date, time and circle AM or PM.
20	Urine Test Results	Check a box to show that both the breath and blood tests were unavailable, or drug use suspected. Enter the date and time of the first void and circle AM or PM. Enter the test date and time and circle AM or PM.
21	Executed On	Enter the date, city, county and state where this document was completed.
22	Officer's Name, Badge No. and Telephone No.	Print the officer's name, badge or ID number and telephone number.
	Officer's Agency and Court Code/Name	Enter the officer's employing agency, area (if applicable) and court code or court name.
23	Copy of Order Issued to Driver	Check a box to show whether or not a copy of the APS Order of Suspension/Revocation was issued to the driver by the arresting officer.
24	Signature of Arresting Officer	The Vehicle Code requires the arresting officer to sign a sworn statement certified under penalty of perjury to be true and correct.
25	If Order Issued by other than Arresting Officer	Enter the date a copy of the APS Order of Suspension/Revocation was handed to the driver and the Other Officer's printed name. The Other Officer's signature is required.
26	Continued on Reverse	Complete the reverse side only if the driver refuses, or fails to complete, a chemical test of the alcohol and/or drug content of his or her blood.
27	Chemical Test Refusal Admonition	Enter the date, time, circle the AM or PM and show the location where the chemical test admonition was read to the driver. Check box 2a or 2b. In addition, check the box if the breath and blood tests were not available and a urine test was offered.
28	Tests Limited	Enter the type of test(s) the driver was limited to and at which facility the test(s) was/were available.
29	Admonition Read By Another Officer	Enter the name, badge or ID number, agency and telephone number of any other officer who read the chemical test admonition to the driver.
30	Foreign Language	Check the box if the admonition is given in Spanish. If given in another foreign language, check the box and show which language.
31	Driver's Response to Request for a Chemical Test	Enter the exact statement made by the driver in response to the officer's request to take the breath or blood test. Show each response by the requested type of test. If applicable, check the box to show that both the breath and blood tests were unavailable and explain why these tests were unavailable. If applicable, check the box to show that drug use was suspected. Indicate driver's response to the request for a urine test.
32	Driver's Statements or Actions (Chemical Test)	Enter any additional statements or actions which indicated a refusal to select, submit to, or complete a chemical test.
33	Drug Admonition Supplement	Indicate what facts led to the belief that the driver's state of intoxication was due to being under the influence of drugs.
34	Drug Admonition Read By Another Officer	Enter the name, badge or ID number, agency name, and telephone number of any other officer who read the drug admonition to the driver.
35	Foreign Language	Check the box if the admonition is given in Spanish. If given in another foreign language, check the box and indicate the appropriate language.
36	Driver's Response to Request for a Drug Test	Enter the exact statement made by the driver in response to the officer's request to take a blood or urine test. Show each response in the space next to the requested test.
37	Driver's Statements or Actions (Drug Test)	Enter any additional statements or actions which indicated a refusal to select, submit to, or complete a blood or urine test for drugs.

**DISTRIBUTION:**

**Officers Statement (original)** — Local DMV Driver Safety Office within 5 working days. Make a copy of both sides and retain for your records.


**Suspension/Revocation Order (copies 2-4).**

White — Local DMV Driver Safety Office within 5 working days.

Yellow — Retain for your records.

Pink — Give to driver.

# AGE 21 AND OLDER ADMINISTRATIVE PER SE SUSPENSION/REVOCATION ORDER AND TEMPORARY DRIVER LICENSE - DS 367

 <small>A Public Service Agency</small> <b>COMPLETE IN BLACK INK</b>	<b>AGE 21 AND OLDER ADMINISTRATIVE PER SE SUSPENSION/REVOCATION ORDER AND TEMPORARY DRIVER LICENSE</b>	<b>APS</b> <small>DRIVER MUST BE GIVEN A COPY OF THIS ORDER WHEN COMPLETED BY THE OFFICER DMV Telephone Number (916) 657-0214</small>
LAW ENFORCEMENT AGENCY CASE NO.	ARREST DATE	FOR DMV USE ONLY
DRIVER'S NAME (LAST, FIRST, M.I.)		DRIVER LICENSE NO. CLASS STATE
MAILING ADDRESS		STATE ZIP CODE
DOB:	Sex:	Hair: Eyes: Ht.: Wt.:
Driver License: <input type="checkbox"/> Suspended/Revoked <input type="checkbox"/> Surrendered to Officer (Attach) <input type="checkbox"/> Not in Possession <input type="checkbox"/> Out-of-State <input type="checkbox"/> 0.08% or more BAC Chemical Tests Results <input type="checkbox"/> Chemical Test Refusal <input type="checkbox"/> Forced Blood Test		
You are hereby notified that your privilege to operate a motor vehicle will be suspended or revoked effective 30 days from the issue date of this order as shown below, and until you pay a \$125 reissue fee and file proof of financial responsibility as shown on the reverse.		
<div style="border: 1px solid black; padding: 5px;"> <b>TEMPORARY DRIVER LICENSE</b>                      This document must be carried with you and shall serve as your temporary California driver license. It is subject to the same class(es) and all restrictions as your permanent driver license. This temporary driver license does not provide you with any driving privileges if you do not have a California driver license or your license is expired, suspended, revoked, canceled or denied. It expires at midnight 30 days from the issue date of this order shown below.                 </div>		
This action is taken under authority of Section 13353 or 13353.2 of the Vehicle Code (VC) because you were arrested for driving under the influence of alcohol and/or drugs and:		
<b>BAC 0.08% Breath or Blood Test</b>	You completed a breath test with 0.08% BAC or more, or you completed a blood test and the officer believes the results will show 0.08% BAC or more. If the laboratory results show that your BAC is less than 0.08%, this suspension or revocation will be set aside. Your driver license will be reissued to you if you do not have another suspension or revocation in effect.	
<b>BAC 0.08% Urine Test</b>	You completed a urine test and the officer believes the results will show 0.08% BAC or more. If the laboratory results show that your BAC is less than 0.08%, this suspension or revocation will be set aside. Your driver license will be reissued to you if you do not have another suspension or revocation in effect.	
<b>Chemical Test Refusal</b>	You refused to submit to, or failed to complete, a chemical test of the alcohol and/or drug content of your blood.	
<b>HEARING INFORMATION</b>		
YOU HAVE 10 DAYS FROM RECEIPT OF THIS NOTICE TO REQUEST A HEARING TO SHOW THAT THE SUSPENSION OR REVOCATION IS NOT JUSTIFIED. <i>The suspension or revocation will not be stayed (delayed) unless you request a hearing within 10 days from the issue date of this order and DMV cannot provide a hearing before the effective date of the suspension or revocation and make a determination.</i> Hearings are conducted only to determine questions of fact as described on the reverse. Your need for a license cannot be considered at a hearing. If you want a hearing or have questions regarding this matter, contact the DMV at the telephone number shown above. A telephone hearing will be conducted unless you request an in-person hearing. <i>Before the hearing you may see or obtain copies of the department's evidence. You must request copies of the department's evidence at least 10 days prior to the date set for commencement of the hearing in order to receive them prior to the hearing date.</i> If you want the information released to someone else, give them signed permission. <i>You have the right to have a sign or language interpreter present at your hearing. If you require the service of an interpreter immediately notify DMV of the need for such service.</i> During the hearing you may present oral testimony and/or other evidence. Testimony is taken under oath or affirmation, and the hearing is recorded. You may be represented by legal counsel, or you may represent yourself. The arresting officer(s) may be subpoenaed in this matter, if it is determined that his or her testimony is needed. If you wish to question the arresting officer(s), you have the right to have subpoenas issued on your behalf. You may subpoena any other witness(es) you feel may help your case, and you have the right to cross-examine any opposing witness(es). Subpoenas will be issued by the hearing officer upon request prior to the hearing. You are responsible for service of your subpoenas and any witness fees required by law. After the hearing the hearing officer shall make findings and render a decision. You may request a departmental review in writing within 15 days from the date on the bottom of the notice telling you the results of your hearing. The fee for the Departmental review is \$120. You may also request a court review by contacting the superior court in your county of residence within 30 days from the date on the bottom of the notice telling you the results of your hearing.		
OFFICER'S PRINTED NAME	BADGE ID NO.	TELEPHONE NO.
AGENCY	AREA	COURT CODE (IF UNKNOWN, COURT NAME)
<input type="checkbox"/> did <input type="checkbox"/> did not personally serve a copy of the Order of Suspension/Revocation to the driver on the issue date shown below.		
ISSUE DATE OF ORDER	SIGNATURE OF ARRESTING OFFICER	
IF ORDER SERVED BY ANOTHER OFFICER: I personally served a copy of the order to the driver on the date shown below:		
ISSUE DATE	OFFICER'S PRINTED NAME	BADGE ID NO. SIGNATURE OF OFFICER
DS 367 (REV. 10/2002)	White—DMV Yellow—Law Enforcement Pink—Driver	continued on reverse

# AGE 21 AND OLDER ADMINISTRATIVE PER SE SUSPENSION/REVOCAION ORDER AND TEMPORARY DRIVER LICENSE - DS 367 (continued.)

## HEARING ISSUES

### Chemical Test Results 0.08% or more BAC

- Did the peace officer have reasonable cause to believe you were driving a motor vehicle in violation of Section 23152 or 23153 CVC?
- Were you lawfully arrested?
- Were you driving a motor vehicle when you had 0.08% or more, by weight, of alcohol in your blood?

### Refusal To Submit To Or Failure To Complete A Chemical Test

- Did the peace officer have reasonable cause to believe you were driving a motor vehicle in violation of Section 23152 or 23153 CVC?
- Were you lawfully arrested?
- Were you told that your driving privilege would be suspended for one year, or revoked for two or three years if you refused to submit to, or failed to complete, a chemical test?
- Did you refuse to submit to, or fail to complete, a chemical test after being requested to do so by a peace officer?

## PENALTIES

### Chemical Test Results Show 0.08% or more BAC — Sections 13353.2 and 13353.3 CVC

**First Offense** of driving with a BAC of 0.08% or more will result in a 4-month suspension.

**Second Or Subsequent Offense**, within 7 years of a separate violation of driving under the influence, including such a charge reduced to reckless driving, or vehicular manslaughter, or violation of Section 23140 CVC, which resulted in a conviction, or separate administrative determination that you were driving with a BAC of 0.01% or more while under age 21, or a BAC of 0.08% or more at any age, or you refused a test, will result in a 1-year suspension.

### Refusal To Submit To Or Failure To Complete A Chemical Test — Section 13353 CVC

**First Offense** will result in a 1-year suspension.

**Second Offense**, within 7 years of a separate violation of driving under the influence, including such a charge reduced to reckless driving, or vehicular manslaughter, or a violation of Section 23140 CVC, which resulted in a conviction, or separate administrative determination that you were driving with a BAC of 0.01% or more while under age 21, or a BAC of 0.08% or more at any age, or you refused a test, will result in a 2-year revocation.

**Three Or More Offenses** within 7 years of any combination of the above violations, convictions or separate administrative determinations will result in a 3-year revocation.

## ADDITIONAL INFORMATION

An administrative review will automatically be conducted. You will be notified in writing only if the suspension or revocation is set aside. Before the suspension or revocation can be ended and a driver license issued or returned to you, a \$125 reissue fee must be paid to DMV (Section 14905 CVC), and you must file proof of financial responsibility by a California Insurance Proof Certificate (SR 22), \$35,000 cash deposit, or surety bond, or self insurer certificate (Section 16430 CVC). You must maintain proof of financial responsibility for three years. If you drive while your driving privilege is suspended or revoked, you may be arrested and, if convicted, jailed and/or fined and your vehicle can be impounded or sold.

The Administrative Per Se suspension/revocation is independent of any court sanctions.

**Restricted License Section 13353.7 CVC** — For first offenders only with 0.08% or more BAC.

If you provide proof of enrollment in a first offender Driving Under the Influence (DUI) program as described in Section 23538(b) CVC, file proof of financial responsibility by a California Insurance Proof Certificate (SR 22), and pay a \$125 reissue fee, you may apply for a restricted license after 30 days of suspension. You may then request one of the following restrictions:

- **Driving Under the Influence Restriction.** Your driving privilege will be restricted for at least 60 days to driving to and from the DUI program, or
- **To and From and During Course of Employment/Driving Under the Influence Restriction.** Your driving privilege will be restricted to driving to and from and during the course of your employment and to and from the DUI program. This restriction shall remain in effect for five months.

If you enroll and fail to participate or do not complete the DUI program, the department will immediately revoke your restricted license and reimpose the suspension for the remainder of your original suspension.

A first offender attending a DUI program who does not apply for a restricted license may request the early termination of the suspension. To end the suspension early, the offender must have served 90 days of the suspension, completed a DUI program, filed proof of financial responsibility by a California Insurance Proof Certificate (SR 22), and paid a \$125 reissue fee.

**Course Of Employment Restricted License Section 13353.8 CVC** — For first offender commercial drivers only with 0.08% or more BAC.

If you have a valid unexpired commercial driver license, as defined in Section 15210 CVC, and you were NOT operating a commercial vehicle at the time of your arrest, your driving privilege will be suspended for 30 days. Following the 30-day suspension, you may apply to the department for a license restricted to operating a motor vehicle only to and from and during the course of employment. The restriction shall remain in effect for five months (150 days) after the 30-day suspension ends. Before receiving a course of employment restriction you must pay a \$125 reissue fee. You may also enroll in the DUI program as shown above.

DS 367 (REV. 10/2002)