



Motorist's Last Name		First	M.I.
Motorist's Address			
City		State	Zip Code
Date of Birth (Month/Day/Year) / /	NYS Driver License/Client ID Number		

If you want to voluntarily waive the hearing, please complete this form and fax it or mail it to the address above.

- If you waive the hearing, and if you do not have a VTL Section 1192-a finding against you or any prior VTL Section 1192 conviction, your New York permit/license/driving privilege will be suspended for six months.
- If you waive the hearing and have a prior VTL Section 1192-a finding against you or a prior VTL Section 1192 conviction, your New York permit/license/driving privilege will be revoked for a minimum of 1 year.
- A waiver of this hearing does not result in a criminal conviction or a conviction for any other offense.

**STATEMENT AND ADMISSION**

On \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , I was detained in the ☐ City ☐ Town ☐ Village of \_\_\_\_\_ ,  
(Date)  
in the County of \_\_\_\_\_ , New York by \_\_\_\_\_  
(Officer Name & Police Agency)  
and charged with operating a motor vehicle after consuming alcohol (person under 21), in violation of Section 1192-a of the Vehicle and  
Traffic Law (VTL) of the State of New York.

By signing this document, I admit to this charge and I waive my right to an administrative hearing by the Department of Motor Vehicles (DMV) to decide if my New York permit/license/driving privilege should be suspended/revoked for violating Section 1192-a of the VTL of the State of New York. As a result of this waiver, I agree to have my New York permit/license, or my privilege to drive in New York State (if not licensed in New York), suspended for 6 months. I understand that if I have a prior VTL 1192-a finding against me or a prior conviction for any subdivision of VTL Section 1192, my New York permit/license/driving privilege will be revoked for at least one year.

I understand that if my New York permit/license/driving privilege is suspended, before I can obtain another New York permit/license or have my New York driving privilege restored, I must pay the civil penalty and suspension termination fee required by law.

I understand that if my New York permit/license/driving privilege is revoked, I must pay an application fee and apply to DMV for relicensing or to have my New York State driving privilege restored.

**The effective date of your suspension/revocation will be the date this waiver is postmarked or faxed to the Division of Safety and Business Hearings.**

Signature of Motorist X \_\_\_\_\_  
(Sign Name in Full) (Date)

