Officer's Certification and Order of Suspension — Please read and complete both sides.

(as provided in §16-205.1 of the Maryland Vehicle Law) (FOR OFFICIAL USE ONLY) DR-15A 9/01

OCCURRENCE (MONTH/DAY/YEAR/TIME)_____ ❑ A.M. ❑ P.M.	COMMERCIAL LICENSE? ❑ YES ❑ NO COMMERCIAL VEHICLE? ❑ YES ❑ NO HAZARDOUS MATERIAL? ❑ YES ❑ NO	CONTROL NUMBER **AJ**

LOCATION (SPECIFY COUNTY OR BALTO. CITY AND ADDRESS):

DRIVER'S NAME: LAST FIRST MIDDLE

RESIDENCE STREET ADDRESS CITY STATE COUNTY ZIP CODE

DRIVER'S LICENSE NUMBER	STATE	ISSUE DATE	SP. CODE	RESTRICTION	ENDORSEMENT

LICENSE CLASS	LICENSE TYPE	HGT.	WGT.	SEX	RACE	BIRTH MONTH/DAY/YEAR	VEHICLE TAG NO.	STATE

ORDER OF SUSPENSION – ISSUE DATE: (MONTH / DAY / YEAR): _____

Pursuant to Transportation Article, Section 16-205.1; of the Maryland Vehicle Law, you are hereby notified that your Maryland Driver's License/Privilege will be suspended effective on the **Forty-sixth (46)** day from the above "Issue Date: because:

❑ You refused to take a test to determine alcohol concentration when requested by the Police Officer.
❑ You submitted to a test indicating an alcohol concentration of 0.08 or more.
❑ You refused to take a blood test for drug or controlled dangerous substance content when requested by a Drug Recognition Expert. (See attached Drug Recognition Expert's Certification Form)

SURRENDER OF DRIVER'S LICENSE

By law, the officer is required to take your Maryland driver's license and if valid, issue a temporary license to allow you to continue driving 45 days from the above "Issue Date". ❑ License was confiscated. ❑ License was not confiscated because: _____

DRIVER'S CERTIFIED STATEMENT

I hereby certify under penalty of perjury, that I do not possess a Maryland driver's license to surrender to the police officer and should the license come into my possession I will immediately forward it to the Motor Vehicle Administration.

_____
SIGNATURE DATE

TEMPORARY LICENSE

The "Driver's Copy" of this **entire form**, signed by you and the police officer, serves as a Valid Temporary License which expires on the 45th day after issuance of the Order of Suspension or upon completion of a hearing, whichever occurs first.

_____
SIGNATURE OF DRIVER (if Temp. Authorized)

_____
SIGNATURE OF OFFICER (if Temp. Authorized)

_____
SIGNATURE OF OFFICER

CERTIFICATION OF POLICE OFFICER

I, the undersigned officer, had reasonable grounds to believe that the driver described and named above had been driving or attempting to drive a motor vehicle on a highway or on any private property that is used by the public in general in this State while under the influence of alcohol, while impaired by alcohol, while so far impaired by any drug, any combination of drugs, or a combination of one or more drugs and alcohol that the person could not drive a vehicle safely while impaired by a controlled dangerous substance. In violation of an alcohol restriction, or in violation of Section 16-813 of the Maryland Vehicle Law.

REASONABLE GROUNDS: _____

Odor Of Alcoholic Beverage on Driver's Breath: ❑ None ❑ Faint ❑ Moderate ❑ Strong Refer Summons No. _____

I certify under penalty of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information and belief, and after being fully advised of sanctions that shall be imposed as provided in the Advice of Rights Form DR-15, the person described above (1) refused to take a test to determine alcohol concentration when requested by this officer, (2) was tested and the test result indicated an alcohol concentration of 0.08 or more as indicated above, or (3) refused to take a blood test for drug or controlled dangerous substance content when requested by a Drug Recognition Expert.

_____
OFFICER'S SIGNATURE DATE OFFICER'S PRINTED NAME

_____
LAW ENFORCEMENT AGENCY ID NUMBER

_____
ADDRESS

CERTIFICATION OF TEST TECHNICIAN OR ANALYST

I do solemnly declare and affirm, under penalty of perjury, and upon personal knowledge that I performed a test for alcohol concentration on the person described above and the test results were 0.__ from the Intox EC/IR. ❑ Testing procedure was explained. ❑ Person appeared in good health.

❑ Refusal – Insufficient Breath. I further certify that the driver refused to take a test when the driver failed to provide sufficient breath samples for analysis.

EXPLANATION: (Specify instructions issued and behavior of driver): _____

_____
SIGNATURE OF TEST TECHNICHIAN/ANALYST DATE PRINTED NAME OF TEST TECHNICIAN/ANALYST

_____
FACILITY NAME AND ADDRESS