#### WASHINGTON STATE

#### **DUI ARREST REPORT**

# REPORT OF BREATH / BLOOD TEST FOR ALCOHOL OR REFUSAL TO SUBMIT TO BREATH TEST FOR ALCOHOL AND DRUGS

OUR IEOTIO NAME		AL TO SUBMIT	IO BREAT	пісэ		COHOL AND		DATE (TIME OF ADDECT
SUBJECT'S NAME	(LASI, FIRSI, MI)				SEX	DATE OF	BIRTH	DATE / TIME OF ARREST
STREET ADDRESS	3				CITY / STATE /	ZIP CODE		L
DRIVER'S LICENSI	ENUMBER	CDL ENDORSE (CHECK IF YES		COUN	TY OF ARREST		CASE / CITATIO	ON NUMBER
	BAC Reading	s: 1 <sup>st</sup> Sample	2 <sup>nd</sup>	Sample		Refused Test	!	
The subject was lawfully arrested. At that time, there were reasonable grounds to believe that the arrested person had been driving or was in actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor or drugs, or both, or was under the age of twenty-one years and had been driving or was in actual physical control of a motor vehicle while having an alcohol concentration in violation of RCW 46.61.503.								
Check those t	hat apply:							
person's a or 46.61.5	alcohol concentration value of the arrested persons if the arrested persons in the arrest pe	son is under the age of	e arrested person f twenty-one.	's age is t	twenty-one or	over, OR was in vi	olation of RCV	V 46.61.502, 46.61.503,
exigent civehicle wh	UNCONSCIOUSNES rcumstances AND the nile DUI, vehicular hor	submit to a test of his/ §: The blood or breath arrested person was unicide, vehicular assau V 46.20.308(3) was co	h test was admin unconscious or I ult or an arrest fo	istered pu had proba r DUI resu	rsuant to a seable cause to builting from a co	arch warrant, a va pelieve a felony DU	lid waiver of th JI, felony phys	e warrant requirement or ical control of a motor
☐ Driver's H	learing Request Info	rmation was given to	the arrested pe	erson.				
								ng, and understand that
the notice of su	spension, revocation,	or denial of license wi	ll be mailed to th	e address	of record on f	ile with the Depart	ment of Licens	sing.
SIGNATURE C	F DRIVER		DATE					
Complete this	box ONLY if the arre	sted person was drivir	ng a commercial	motor veh	icle as defined	l in Chapter 46.25	RCW at the til	me of the incident.
Operating	a Vehicle Requiring a	Commercial Driver's L	icense BAC R	eadings:	1 <sup>st</sup> Reading _	2 <sup>nd</sup> Read	ling	Refused Test
		that the arrested pers alcohol/drugs in his/he						ommercial driver's nol concentration of 0.04
license within t	his state while having	that the arrested pers alcohol/drugs in his/he rights under Chapter 4	er system. The a	rrested pe	erson was requ	uested to take a br	eath/blood tes	t and informed of the
VEH YEAR	MAKE	MODEL	LICENSE PLATE N	NUMBER	STATE	HAZARDOUS MATE	RIAL? YES	□ NO
NOTE: If appl	icable, sign and date	this page after toxic	cology report is	received	<u>.                                    </u>	1		
NOTE: If applicable, sign and date this page after toxicology report is received.  I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing and the accompanying reports/copies of documents and the information contained therein are true, correct, and accurate. (RCW 9A.72.085.)								
LAW ENFORCEME	NT AGENCY		ORI NO. (9 digi	its)	OFF	FICER'S SIGNATURE		DATE SIGNED
MAILING ADDRESS	3				PRI	NTED NAME OF OFFIC	ER	BADGE NUMBER
							(	)
CITY		STATE ZIP	PL	ACE SIGNE	O (city / county / sta	ate)		HONE NUMBER FOR HEARING (include area code)
OFFICER'S E-MAIL	ADDRESS				ent of Licensin	ng		
OFFICERS: F	ax or e-mail completed	d report, breath test do		Driver Re SwornRe		VA.GOV Numbe	er of pages f	faxed

**USE THIS PAGE AS COVER SHEET** 

and supplemental reports to:

Fax: (360) 570-7026

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## WASHINGTON STATE **DUI ARREST REPORT**

I	CASE / CITATION NUMBER

On the date, time and location of this arrest, I had authority to arrest pursuant to my agency's jurisdiction or RCW 10.93

#### **CONSTITUTIONAL RIGHTS**

- YOU HAVE THE RIGHT TO REMAIN SILENT.
- 2. YOU HAVE THE RIGHT AT THIS TIME TO AN ATTORNEY.
- 3. ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.
- 4. IF YOU ARE UNDER THE AGE OF 18, ANYTHING YOU SAY CAN BE USED AGAINST YOU IN A JUVENILE COURT PROSECUTION FOR A JUVENILE OFFENSE AND CAN ALSO BE USED AGAINST YOU IN AN ADULT COURT CRIMINAL PROSECUTION IF THE JUVENILE COURT DECIDES THAT YOU ARE TO BE TRIED AS AN ADULT.
- 5. YOU HAVE THE RIGHT TO TALK TO AN ATTORNEY BEFORE ANSWERING ANY QUESTIONS.
- 6. YOU HAVE THE RIGHT TO HAVE AN ATTORNEY PRESENT DURING THE QUESTIONING.
- 7. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FOR YOU WITHOUT COST IF YOU SO DESIRE.
- 8. YOU CAN EXERCISE THESE RIGHTS AT ANY TIME.
- 9. DO YOU UNDERSTAND THESE RIGHTS?

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE EXPLANATION OF MY CONSTITUTIONAL RIGHTS AND I UNDERSTAND THESE RIGHTS.

	SUBJECT'S SIGNATUR	E	
	STITUTIONAL RIGHTS. I HAVE DECIDED NO Y, VOLUNTARILY, AND WITHOUT THREATS		TIME. ANY STATEMENTS MADE
OFFICER'S SIGNATURE		SUBJECT'S SIGNATURE	
DATE / TIME	LOCATION(s)		
Constitutional rights (	Miranda) were read in the field at	hours from the department issued rights	s card.
ATTORNEY REQUESTED	ATTORNEY CONTACTED? TIME:	ATTORNEY'S NAME	ATTORNEY'S PHONE NO.
YES NO EXPLANATION:	YES NO UNABLE		

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#### WASHINGTON STATE **DUI ARREST REPORT**

CASE / CITATION NUMBER
6/1627 6/1/1/16/1/16/1/16

#### IMPLIED CONSENT WARNING FOR BREATH

WARNING! YOU ARE UNDER ARREST FOR:

(check appropriate box[es])

_																			
		RCW 46.61.5 liquor and/or		RCW 46.0	61.504:	Driving o	<mark>r being i</mark>	in actua	al physic	al contro	ol of a r	notor ve	hicle w	<mark>hile un</mark>	der the	e influe	nce of int	oxicati	ng
		RCW 46.61.50 marijuana.	03: Bei	<mark>ing under</mark>	21 years	s of age a	and drivi	ing or b	eing in a	ctual ph	nysical (	control c	of a mo	tor veh	icle aft	ter cons	suming al	cohol	or
		RCW 46.25.1	10: Dri	ving a cor	mmercial	motor ve	ehicle w	hile hav	ving alco	hol or T	HC in y	our sys	tem.						
		OU ARE NOW E NTLY, TO DETE						UR BRE	ATH WH	CH CON	NSISTS (	OF TWO	SEPAR	ATE SA	MPLES	OF YO	UR BREA	TH, TA	(EI
YOL	J AR	E NOW ADVISE	ED THA	T YOU HA	VE THE R	IGHT TO I	REFUSE	THIS B	REATH T	EST; AN	ID THAT	IF YOU	REFUS	E:					
(A)	YO	UR DRIVER'S L	LICENSE	E, PERMIT	, OR PRI\	/ILEGE TO	O DRIVE	WILL BI	E REVOR	ED OR I	DENIED	BY THE	DEPAR	TMENT	OF LIC	CENSIN	G FOR AT	LEAST	. OI

- YEAR; AND (B) YOUR REFUSAL TO SUBMIT TO THIS TEST MAY BE USED IN A CRIMINAL TRIAL

**FURTH** INDEP 1.

- YOU ARE FURTHER ADVISED THAT IF YOU SUBMIT TO THIS BREATH TEST, AND THE TEST IS ADMINISTERED, YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE WILL BE SUSPENDED, REVOKED, OR DENIED BY THE DEPARTMENT OF LICENSING FOR AT LEAST NINETY DAYS IF YOU ARE:
  - AGE TWENTY-ONE OR OVER AND THE TEST INDICATES THE ALCOHOL CONCENTRATION OF YOUR BREATH IS 0.08 OR MORE, OR THE TEST INDICATES THE THC CONCENTRATION OF YOUR BLOOD IS 5.00 OR MORE, OR YOU ARE IN VIOLATION OF RCW 46.61.502, DRIVING UNDER THE INFLUENCE, OR RCW 46.61.504, PHYSICAL CONTROL OF A VEHICLE UNDER THE INFLUENCE;
  - UNDER AGE TWENTY-ONE AND THE TEST INDICATES THE ALCOHOL CONCENTRATION OF YOUR BREATH IS 0.02 OR MORE, OR THE TEST INDICATES THE THC CONCENTRATION OF YOUR BLOOD IS ABOVE 0.00, OR YOU ARE IN VIOLATION OF RCW 46.61.502, DRIVING UNDER THE INFLUENCE, OR RCW 46.61.504, PHYSICAL CONTROL OF A VEHICLE UNDER THE INFLUENCE.

THE BREATH TEST INSTRUMENT WILL NOT TEST FOR THC CONCENTRATION IN A BREATH SAMPLE.

- IF YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE IS SUSPENDED, REVOKED, OR DENIED, YOU MAY BE ELIGIBLE TO IMMEDIATELY APPLY 3. FOR AN IGNITION INTERLOCK DRIVER'S LICENSE.
- YOU HAVE THE RIGHT TO ADDITIONAL TESTS ADMINISTERED BY ANY QUALIFIED PERSON OF YOUR OWN CHOOSING.

FOR THOSE NOT DRIVING A COMMERCIAL MOTOR VEHICLE AT THE TIME OF ARREST: IF YOUR DRIVER'S LICENSE IS SUSPENDED OR REVOKED, YOUR COMMERCIAL DRIVER'S LICENSE, IF ANY, WILL BE DISQUALIFIED.

FOR THOSE DRIVING A COMMERCIAL MOTOR VEHICLE AT THE TIME OF ARREST: IF YOU EITHER (A) REFUSE THIS TEST OR (B) SUBMIT TO THIS TEST AND THE TEST INDICATES AN ALCOHOL CONCENTRATION OF 0.04 OR MORE, OR ANY MEASURABLE AMOUNT OF THC CONCENTRATION, YOU WILL BE DISQUALIFIED BY THE DEPARTMENT OF LICENSING FROM DRIVING A COMMERCIAL MOTOR VEHICLE.

I HAVE READ THE ABOVE STATEMENT TO THE SUBJECT		I HAVE READ OR HAVE HAD READ TO ME THE ABOVE STATEMENT(S).
OFFICER'S SIGNATURE		SUBJECT'S SIGNATURE
DATE / TIME	LOCATION	
WILL YOU NOW SUBMIT TO A BREATH TEST?	YES NO	
Did subject express any confusion regarding the implied consent warnings? If yes, explain below.	YES NO	

At the time of this test(s), I was certified to operate the DRAEGER ALCOTEST 9510 and possessed a valid permit issued by the State Toxicologist.								
DO YOU HAVE ANY FOREIGN SUBSTANCE IN YOUR MOUTH?	MOUTH CHECKED? TIME?	2 <sup>ND</sup> MOUTH CHECK? (If Necessary) TIME?	ANY FOR	REIGN SUBSTANCES FOUND?	EXPLAIN:			
YES NO	YES NO	YES NO	REMOVED YES NO					
I observed the subject from the time of the mouth check through the completion of the breath test.  The subject did not vomit, eat, drink, smoke, or place any foreign substance in his/her mouth during the observation time.								
At the time of this test, I possessed a valid permit issued by the State Toxicologist and was certified to operate the PBT. The test was performed in accordance with the State Toxicologist's protocols. (Chapter 448-15 WAC)								
BOOKED RELEASED TO:								

At the time of this test(s), I was certified to operate the BAC DATAMASTER and the BAC DATAMASTER CDM and possessed a valid permit issued by

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### WASHINGTON STATE Dι

WASHINGTON STATE	
JI ARREST REPORT	CASE / CITATION NUMBER
DUI INTERVIEW	

1. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? EXPLAIN:  YES NO					13. ANYTHING MECHANICALLY WRONG WITH THE VEHICLE?  ☐ YES ☐ NO								
2. DO YOU LIMP?  YES NO					14. HAVE YOU BEEN INJURED OR INVOLVED IN ANY COLLISION(S) IN THE PAST 24 HOURS?  YES NO								
3. ARE YOU SICK / INJU	IRED? EXPLAIN:								ALCOHOL TO THE COLLISI			☐ YES	□ NO
4. UNDER CARE OF A D  YES NO	OCTOR OR DENT	IST?				15A. WH	AT?		15B. HOW N	MUCH?		6. TIME CO CCURRED	
5. ARE YOU DIABETIC / YES NO									GOING BEFOR		PPED / T	THE COLL	ISION?
6. DO YOU TAKE INSUL  YES NO				Y MEDICINES/DRU		18. WITH THINK IT		OKING,	WHAT TIME D	OO YOU		(ACTUAL	TIME)
7A. PRESCRIPTION?  YES NO						19. WHA	T STREE	ET / HIG	HWAY WERE	YOU ON		20. DIRECTRAVEL?	
7B. NON-PRESCRIPTIO  YES NO	N?					21. STAR						22. TIME	STARTED?
7C. LAST DOSE?		7D. QL	JANTITY	<b>'</b> ?		23. DAY (				J	_		О
7E. COCAINE?	MARIJUANA?			OTHER?			T CITY /		☐ Wed ☐ Y ARE YOU IN	Thurs I NOW?			Sat Sun Sun
☐ YES ☐ NO	☐ YES [	] NO											
8. DO YOU HAVE IMPAI	RED VISION?	LENSE		EAR CORRECTIVE		26. HAVE YOU BEEN DRINKING ALCOHOLIC BEVERAGES?  YES NO  26A. WHAT HAVE YOU BEEN DRINKING?					OU BEEN		
8B. WERE YOU WEARIN COLLISION?	NG THEM WHEN YOU		STOPP	PED / BEFORE		26B. HOW MUCH? 26C. WHEN DID YOU START?					U START?		
9. WHERE DO YOU WORK?	9A. DID YO TODAY?	U WORK		10. TIME YOU G OFF WORK?	OT	27. WHO WITH?	27. WHO HAVE YOU BEEN DRINKING WITH?				YOU DRINKING?		
11. HOURS OF SLEEP L		. WERE		IVING THE VEHICL	E?	29. TIME DRINK?	OF LAS	T	30. DO YOU AFFECTED I USAGE?				TO DRIVE WAS OR DRUG
31. HAVE YOU EVER BE													
If drug use indic	ated, please o	ontact	WSP	Communication	ons o	r local D	RE af	ter bre	eath test a	nd con	ntinue	with DI	JI process.
				PRE-ARRES	T O	BSERV	ATIO	NS					
1. ATTITUDE  COOPERATIVE  MOOD SWINGS  ARGUMENTATIVE  CRYING  LAUGHING  OTHER:	☐ COOPERATIVE ☐ GOOD ☐ ☐ GOOD		□ ORI	☐ ORDERLY ☐ SOILED – EXPLAIN ☐ OTHER: EXPLAIN ☐ SHOES (Describe)		EYES   NORMAL   WATERY   DROOPY   BLOODSHOT   PUPILS DILATE   PUPILS CONSTRICTED		TAL  RY  NORMAL  FLUSHED  DSHOT  S DILATED  S TRICTED		6. ODOR OF INTOXICANTS ON BREATH  NONE FAINT  MEDIUM STRONG OBVIOUS OTHER:		<u>ON</u>	7. SPEECH  GOOD  FAIR  REPETITIVE  FAST  SLURRED  OTHER:
8. OFFICER'S OPINION		nent due	9.	SUBJECT'S NATIV	E LAN	GUAGE	9A. S	UBJECT	APPEARED T	O UNDE	RSTAN	ND INSTRU	JCTIONS
to use of alcohol/drugs)  ☐ SLIGHT ☐ OBVIOUS ☐ EXTREME ☐ OTHER							☐ Y	ES [	□ NO				
9B. INTERPRETER REQUESTED? EXPLAIN BELOW:  YES NO TIME:						INTERPRE	TER PF	ROVIDE	D				
10. PASSENGER(S) INF	ORMATION												

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#### WASHINGTON STATE

	RREST REPORT RIETY TESTS	CASE / CITATION NUMBER
300	METT TESTS	
SURFACE  PAVED GRAVEL DIRT GRASS LEVEL OTHER	GRADE GRADE	LIGHTING  □ DAYLIGHT □ DARK □ STREET  LIGHT □ OTHER
1. HORIZONTAL GAZE NYSTAGMUS (HGN)		
I have been trained in the administration of HGN testing and perform	med the test in accordance with this trainin	g.
L R		
EQUAL TRACKING YES NO GROWN NO	Distinct and sustained nystagmus at max	AL NYSTAGMUS YES NO deviation
If Resting Nystagmus is present, please explain.	Angle of onset prior to 45 degrees	
COMMENTS:		
2. WALK AND TURN	Cannot keep balance	Starts too soon
( ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	1 <sup>st</sup> Nine	
	Stops Walking	Z Wille Glops
"	Miss Heel – Toe	
	Steps off line	
	Raises arms	
	Actual # steps	
DESCRIBE TURN	CANNOT DO TEST (EXPL	AINI)
DESCRIBE TORN	CANNOT DO TEST (EXTE	aliv)
COMMENTS:		
3. ONE LEG STAND	L R	
$(\mathbf{R}) \mid (\mathbf{L})$		Sways while balancing
$\mathcal{T}$		Uses arms for balance
		Hopping
		Puts foot down
COMMENTS:		
SUPPL	EMENTAL TESTS	
ABC'S A B C D E F G H I J K	(LMNOPQR	S T U V W X Y Z
BALANCE NOTES FINGER DEX	KTERITY	OTES FINGER TO NOSE
T		Right Left
$\bigcirc$		Draw lines from spots touched.
		2 I
		3

# WASHINGTON STATE DUI ARREST REPORT NARRATIVE

ASE /	CITATION NUMI	3ER

Vehicle in Motion (Initial Observation, Observation of Stop):	
Personal Contact (Observation of driver, statements, pre-exit, sobriety tests, observation of the exit, odors, general observations such	as speech, attitude, clothing, etc.)
Pro America Consequence (TV 110 111 1 TV 11)	
Pre-Arrest Screening (Field Sobriety Tests):	
Administrative Process (BAC and Disposition):	
I certify (declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	(RCW 9A.72.085.)
OFFICER'S SIGNATURE BADGE NUMBER PRINTED NAME OF OFFICER	
OFFICER 3 SIGNATURE PRINTED NAME OF OFFICER	
AGENCY PLACE SIGNED (city / county / state)	DATE SIGNED

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# WASHINGTON STATE DUI ARREST REPORT

CASE / CITATION NUMBER

NOTE: READ THIS FORM WHEN THERE ARE EXIGENT CIRCUMSTANCES OR WHEN A SEARCH WARRANT AUTHORIZES THE BLOOD DRAW.

SPECIAL EVIDENCE WARNING							
WARNING! YOU ARE UNDER ARREST FOR:  VEHICULAR HOMICIDE  UNCONSCIOUS (DUI/PHYSICAL-CONTROL/MINOR-DRIVER)  FELONY DUI or FELONY PHYSICAL CONTROL  VEHICULAR ASSAULT  DUI ARREST RESULTING FROM AN ACCIDENT WITH SERIOUS BODILY INJURY TO ANOTHER  A TEST OF YOUR BLOOD WILL BE ADMINISTERED TO DETERMINE THE CONCENTRATION OF ALCOHOL AND/OR ANY DRUG IN YOUR BLOOD; DUE TO THE CIRCUMSTANCES OF YOUR ARREST, THIS WILL BE DONE REGARDLESS OF YOUR CONSENT; YOU HAVE THE RIGHT TO ADDITIONAL TESTS ADMINISTERED BY A QUALIFIED PERSON OF YOUR OWN CHOOSING.  On, I read the above warning to  (date)							
Officer	 Date	Time					
Name/Title of Person who extracted the blood:							
Signature of Person who extracted the blood:							
Date:Time of Blood Draw:							
<b>Distribution</b> —Original Receipt placed in case file; 1 copy (person from whom the bild 1 copy (Prosecutor); 1 copy (Officer); 1 copy (person who extracted the blood).	blood was drawn or left with medical st	aff if person is unavailable);					
VOLUNTARY BLOOD DRAW	CONSENT FORM						
I,, voluntarily permit o obtain a sufficient amount of my blood to test it to determine its alcohol and/or drug of	fficer	to					
obtain a sufficient amount of my blood to test it to determine its alcohol and/or drug of	content.						
I understand that I have the right to refuse to give consent to a voluntary blood dra	aw and that I may require the officer(s)	to obtain a search warrant.					
I understand that the blood will be extracted by a physician, a registered nurse, a licensed practical nurse, a nursing assistant, a physician assistant, a health care assistant, a first responder, an emergency medical technician, or a technician who is trained in withdrawing blood.							
I realize that the blood will be tested to determine blood alcohol level and to detect the presence and/or level of marijuana, or any drug as defined by RCV 46.61.540. I understand that if the test reveals a blood alcohol level and/or the presence and/or level of marijuana, or any drug as defined by RCW 46.61.540, that the blood alcohol level and/or the presence and/or level of marijuana, or any drug, may be used as evidence against me in subsequent legal proceedings.							
I understand that I have right to additional tests administered by a qualified person	n of my choosing.						
If I wish to consult with an attorney before giving consent, reasonable efforts will be made to put me in telephonic contact with a public defender or an attorney of my choice.							
My consent has been given knowingly, freely, and voluntarily, without threats of dure	ess against my person or promise of re	ward.					
Officer	Date	Time					
Consenter	Date	Time					
Name/Title of Person who extracted the blood:							
Signature of Person who extracted the blood:							
Date: Time of Blood Draw:							
<b>Distribution</b> —Original Receipt placed in case file; 1 copy (person from whom the but 1 copy (Prosecutor); 1 copy (Officer); 1 copy (person who extracted the blood).	plood was drawn or left with medical st	aff if person is unavailable);					

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#### Request for DUI Hearing

This is your notice that the Department of Licensing (DOL) intends to suspend, revoke or deny your license, permit, or privilege to drive. You have the right to request a formal hearing to contest the suspension or revocation of your driving privilege. The hearing will be conducted according to Chapter 308-103 WAC. For issues covered at the hearing refer to RCW 46.20.308.

A non-refundable fee of \$375 must be included with your request, unless you are determined to be indigent (see Indigent Requests below). **Your request must be made within 20 days after receipt of this notice.** If your request is not made within 20 days after receipt of this notice, you will have waived your right to a hearing.

Send this completed form with a check or money order payable to Department of Licensing to:

Hearings & Interviews

Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

If you have a Washington State driver license and a valid MasterCard, Visa, or American Express credit card, you may apply for a hearing online. Visit our website at **www.dol.wa.gov** for more information.

**Indigent Requests** – If you are applying as indigent (defined in RCW 10.101.010) and want the hearing fee waived, use form HRNG-525-010, Application for DUI Indigent Waiver, available at our website at **www.dol.wa.gov**.

**All correspondence will be mailed to the address on file with DOL.** To update your address, visit us online at **www.dol.wa.gov** or go to your local licensing office.

PRINT or TYPE Name (Last, First, Middle)		Date of birth	(Area co	ode) Telephone number						
Email	Driver license number	er Stat	e	Date of arrest						
Attorney name, if applicable ( <b>Do not list public defender</b> )										
Attorney address (Address, City, State, ZIP code)										
(Area code) Attorney telephone number	(Area code) Attorney fax number	Attorney en	nail							
If parties or witnesses are non-English speaking, a qualified interpreter will be appointed at no cost to you. Complete the following information if you need an interpreter.										
Request for interpreter  I need an interpreter  I	am hearing impaired	Primary lan	guage	Dialect						

Any valid license in your possession is only valid for 60 days from the date of this arrest, the expiration date noted on the license, or until the Department's action is upheld at a hearing, whichever occurs first.

Authority: RCW 46.20.308

We are committed to providing equal access to our services. If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

HRNG-525-001 (R/10/13)WA