

DUPLICATE BREATH TEST ADVISORY

AFTER COMPLETING THE TESTS OF YOUR BREATH, YOU WILL BE GIVEN A REASONABLE OPPORTUNITY TO ARRANGE FOR ANY PHYSICIAN, REGISTERED NURSE, OR OTHER QUALIFIED PERSON OF YOUR OWN CHOOSING TO OBTAIN AN INDEPENDENT TEST OR TESTS IN ADDITION TO ANY ADMINISTERED BY A LAW ENFORCEMENT OFFICER.

ACKNOWLEDGMENT

I UNDERSTAND THAT I HAVE THE RIGHT TO A REASONABLE OPPORTUNITY TO ARRANGE FOR AN INDEPENDENT TEST OF MY BLOOD, BREATH, OR OTHER BODILY SUBSTANCE.

SUBJECT (please sign)

DATE/TIME

OFFICER (please sign) BADGE#

DATE/TIME