

### CCW Chemical Test Rights

Incident Number:	Agency:	Date:
Suspect Name:	Date of Birth: / /	
Address:		
CCW License:	County Issuing CCW License:	

**Read this complete page to the CCW licensee suspected of carrying a concealed pistol under the influence of alcohol or a controlled substance or with any bodily alcohol content.**

I am a peace officer. I have probable cause to believe that you are: *(Read only the one that applies)*

- Carrying a concealed pistol while having a bodily alcohol content of .02 grams or more but not more than .07 grams per 100 milliliters of blood, per 210 liters of breath, or per 67 milliliters of urine.
- Carrying a concealed pistol while having a bodily alcohol content of .08 grams or more per 100 milliliters of blood, per 210 liters of breath, or per 67 milliliters of urine.
- Carrying a concealed pistol while under the influence of alcoholic liquor or a controlled substance or a combination of both.

Your acceptance of a Michigan concealed pistol license requires you to submit to a chemical analysis of your breath, blood, or urine at my request.

#### Chemical Test Rights

I will be requesting that you take a chemical test to determine the alcohol content and or presence of a controlled substance in your body.

If you refuse to take this chemical test, it will not be given without a court order but I may seek to obtain such a court order. Your refusal to take this test will be reported to the concealed pistol licensing board in the county where you are licensed and may result in your concealed pistol license being suspended or revoked.

After taking my chemical test, you have a right to demand that a person of your own choosing administer a breath, blood, or urine test. You will be given a reasonable opportunity for such a test. You are responsible for obtaining a chemical analysis of a test sample taken by a person of your own choosing.

\_\_\_\_\_ has been informed of his/her chemical test rights regarding carrying a concealed pistol in the State of Michigan and has:

- agreed to take the requested chemical test. Test results \_\_\_\_\_
- refused to take the requested chemical test.

Officer:	Date:	Time:
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**Note to Officers:** A copy of this form is to be sent to the prosecuting attorney's office in the county where the suspect received his/her CCW license. The prosecutor will then forward the information regarding this incident to the county gun board for review.