

# CERTIFICATION

*(PLEASE PRINT)*

|               |                        |
|---------------|------------------------|
| Full Name     | PIN Number (if known)  |
| Date Of Birth | Case Number (if known) |
| Phone Number  | Email Address          |

In order to qualify for restoration of my driving privileges following my revocation either for driving with too much alcohol in my system or for refusing to cooperate with the chemical testing process, I certify that I understand and agree to the following:

|   | INITIALS |
|---|----------|
| By law, I can be considered to be driving even if the vehicle's engine is not running and the vehicle is stationary.  |          |
| Any alcohol, marijuana, drugs and many prescription medications can impair my ability to drive.   |          |
| If I drive while impaired by ANY substance, I violate the law.  |          |
| I cannot judge my level of impairment simply by the way I feel.   |          |
| I can still be impaired the morning following consumption.  |          |
| Alcoholic beverages vary in size and strength. I cannot judge my level of impairment simply by counting the number of drinks I've had.  |          |
| The first ability that is impaired by alcohol is the ability to make appropriate choices.   |          |
| My choices regarding driving after consuming alcohol or drugs have caused me to lose my driving privileges. I have taken steps to ensure that I will not put myself in the position to make this choice again.  |          |
| The best practice is to completely separate my consumption of alcohol and/or drugs from driving. I can ALWAYS make the choice not to drive.   |          |
| If I choose to drive impaired again, even if no one is harmed, I will: <ul style="list-style-type: none"> <li>• Be deemed to be a Persistent Drunk Driver;</li> <li>• Have to complete an extensive and expensive course of alcohol and/or drug treatment; and</li> <li>• Have the ignition interlock restricted driving privilege for at least 2 years.</li> </ul> |          |
| Signature   | Date     |

**Please note:** In addition to your signature and date, you must initial all items above for this form to be accepted.