

## CONCEALED PISTOL LICENSE CHEMICAL TEST RIGHTS

| I. Incident Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                |
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| Incident Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Agency             | Date                           |
| Suspect's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    | Date of Birth (Month/Day/Year) |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                |
| Concealed Pistol License (CPL) Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | County Issuing CPL |                                |
| II. Officer's Statement to CPL Licensee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                |
| <p><b>Note to Officer: Read the below statement to the CPL licensee suspected of carrying a concealed pistol or a portable device that uses electro-muscular disruption technology while under the influence of alcoholic liquor or a controlled substance, or with any bodily alcohol content:</b></p> <p>I am a peace officer. I have probable cause to believe that you are carrying a concealed pistol or a portable device that uses electro-muscular disruption technology while under the influence of alcoholic liquor or a controlled substance or while having a bodily alcohol content in violation of the Firearms Act, MCL 28.425K. Your acceptance of a Michigan license to carry a concealed pistol constitutes implied consent to submit to a chemical analysis of your breath, blood, or urine at my request.</p> <p style="text-align: center;"><b>Chemical Test Rights</b></p> <p>I am requesting you submit to a chemical test to determine if you are under the influence of alcoholic liquor or a controlled substance, or have an unlawful bodily alcohol content.</p> <p>You may refuse to submit to a chemical analysis, but if you do, all of the following apply:</p> <ol style="list-style-type: none"><li>1. I may obtain a court order requiring you to submit to a chemical analysis.</li><li>2. The refusal will result in your license to carry a concealed pistol being suspended for 6 months.</li></ol> <p>If you submit to a chemical analysis, you may obtain a chemical test of your breath, blood, or urine from a person of your own choosing. 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.</p> |                    |                                |
| III. Chemical Test Results                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                |
| <p>The CPL licensee identified in section I has been informed of his/her chemical test rights regarding carrying a concealed pistol or a portable device that uses electro-muscular disruption technology in the state of Michigan and has:</p> <p><input type="checkbox"/> Agreed to take the requested chemical test.      Test Results:</p> <p><input type="checkbox"/> Refused to take the requested chemical test.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                |
| IV. Officer's Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                |
| Officer's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date               | Time                           |
| <p><b>Note to Officer:</b> In the event of a refusal, the Officer shall promptly report the refusal to the MSP by forwarding a copy of the form to the MSP via email at <a href="mailto:MSPCPL@michigan.gov">MSPCPL@michigan.gov</a>, or by mail to the</p> <p>Michigan State Police<br/>CPL Unit<br/>PO Box 30634<br/>Lansing, MI 48909-0634.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                |