

CONCEALED PISTOL LICENSE CHEMICAL TEST RIGHTS

I. Incident Information		
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>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:</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;">Chemical Test Rights</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">1. I may obtain a court order requiring you to submit to a chemical analysis.2. The refusal will result in your license to carry a concealed pistol being suspended for 6 months. <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>Note to Officer: 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 MSPCPL@michigan.gov, or by mail to the</p> <p>Michigan State Police CPL Unit PO Box 30634 Lansing, MI 48909-0634.</p>		