CERTIFICATION AND NOTICE OF SUSPENSION OF TEST RESULT OF .02 OR GREATER, BUT LESS THAN .08 FOR PERSONS UNDER 21 YEARS OF AGE (SEE REVERSE SIDE FOR HEARING INFORMATION)

INSTRUCTIONS: This form is to be used to certify a completed test result by a person less than 21 years of age of .02 or greater, but less than .08. A copy of the completed form is required to be served upon the person; a copy is to be forwarded to the Division of Vehicles within seven days after service on the driver; and a copy should be retained by a certifying officer. If the person refuses the test or completes a test with a test result of .08 or greater, complete Form DC-27 instead of this form.

DRIVER INFORMATION Name (Last) (First) (M/I) Date of Birth Current Address City State Driver's License No. State of Issuance Zip

ADDRESS: The above address will be treated as a change of address if different from that on file with the Division of Vehicles and will be used for all correspondence with the person unless the Division of Vehicles is notified by the person in writing of a different address or a change of address. You can change your address on the Internet, by mail or fax to Central Office Operations, or by going to any Kansas Driver's License Examining Station

Kansas Driver's License Examining Station.	LAW ENFORCEMENT OF	FICER'S CERTIFICATION	
		d a breath or blood alcohol test with a result of .02 or greater, but less of the statements intended to be certified and (3) each officer who initial	
operating a vehicle while under the indriving a commercial vehicle, as de	nfluence of alcohol and/or drugs in violation of state fined in K.S.A. 8-2,128, and amendments thereto,	that the above-named person, within the State of Kansas ine statute, city ordinance or county resolution, while having alcohol or other drugs in such person's system, or iicle while having alcohol or other drugs in such person's system.	County, had been
2. The person had been placed under arres	st, was in custody or had been involved in a vehicle	e accident or collision.	
3 The person was presented oral and writt	en notice as required by Kansas law.		
4. The person was less than 21 years of ag	e at the time of the test request.		
5. The result of the test showed that the copy of the test report.	person had an alcohol concentration of .02 or g	greater, but less than .08 in such person's blood or breath. NOTE	: Please attach a readable
6 Reasonable grounds/probable cause for dother (explain)	the initial contact and/or stop: committed traffic	violation(s) (explain below);	/ehicle already stopped;
7 Reasonable ground/probable cause for m	y belief that the person was operating or attempting	ng to operate a vehicle: saw person operate; person identified self	as driver; a other (explain)
sobriety tests indicated impairment;		of alcohol and/or drugs: □ odor of alcoholic beverages; □ alcoholic bedshot eyes; □ difficulty in communicating; □ poor balance or coordinating test; □ other (explain)	
	a Notice of Driver's License Suspension was serve lass mail to the address shown above. NOTE: Pe	ed on the above-named person on, 20_ ersonal service is <u>required</u> if a determination of the test result is made v	
IF CERTIFYIN	G A BREATH TEST RESULT, STATEMENTS 10	, 11 AND 12 MUST ALSO BE COMPLETED AND CERTIFIED.	
10. The testing equipment used was certified	ed by the Kansas Department of Health and Enviro	onment.	
11. The testing procedures used were in ac	cordance with the requirements set out by the Kar	nsas Department of Health and Environment.	
12. The person who operated the testing ed	quipment was certified by the Kansas Department	of Health and Environment to operate such equipment.	
I hereby certify to the Division of Vehicles that ea	ach of the statements I have initialed above are	true and accurate, under penalty of K.S.A. 8-1002(b), and amend	nents thereto.
Title and name (printed):		Title and name (printed):	
Agency name:		Agency name:	
Agency address:		Agency address:	
City/state/zip:		City/state/zip:	
Signature of Law Enfor	cement Officer	Signature of Law Enforcement Off	icer
•••••	TEMPORARY DR	NVED'S LICENSE	· • • • • • • • • • • • • • • • • • • •
THIS NOTICE IS:	TEMPORALIBA	IVER 3 LIGENSE	
□ <u>NOT</u> VALID as a temporary license for the reason	n that your license: □has expired; □has been rev	voked; □has been suspended; □has been cancelled; or □you have n	o driver's license.
□ VALID as a temporary license until the 30th day classes of vehicles and is subject to the same restriction.		ust carry this notice with you when driving. This temporary license allow	vs the operation of the same
Any temporary driver's license will end and your driv INSTRUCTIONS FOR REQUESTING AN ADMINIS		Ifter service of this document unless an administrative hearing has bee DE OF THIS FORM.	,
Before a test or tests are administered, the office required by K.S.A. 8-1567a should also be given.		son the oral and written notices. If the person is under the age of 2	
<u>Distribution</u> : 1 st copy ((white) copy to Division	of Vehicles 2 nd copy (yellow) for your file	3 rd copy (pink) to licensee/driver	••••••••

DC-28 (Rev. 7/18) (SEE REVERSE SIDE)

NOTICE OF DRIVER'S LICENSE SUSPENSION (Pursuant to K.S.A. 8-1567a)

Based upon the certification on the reverse side of this form, your driving privileges are hereby suspended, pursuant to K.S.A. 8-1567a, effective the 30th day after the date of service of this notice, <u>unless a timely request for hearing is made (see below)</u>. The action taken on your license depends upon whether you have had a prior test result of .02 or greater, but less than .08.

If this is the first time you have had a test result of .02 or greater, but less than .08, your driving privileges will be suspended for 30 days and then restricted as provided by K.S.A. 8-1015, and amendments thereto, for an additional 330 days.

If this is the second or subsequent time you have had a test result of .02 or greater, but less than .08, your driving privileges will be suspended for one year.

PROCEDURE FOR REQUESTING AN ADMINISTRATIVE HEARING

- A hearing request may be made <u>either</u> by mailing a written request which is postmarked within 14 calendar days after the date of service of this form, <u>or</u> by sending a written request by electronic facsimile (fax) to the Division of Vehicles within 14 calendar days after the date of service of this form. If this form was served on you by mail, you will have an additional 3 days, pursuant to K.S.A. 60-206(d).
- The hearing request <u>must</u> include your full name, driver's license number, birth date <u>and a telephone number at which you or your legal representative</u> can be reached if necessary.
- The hearing request must include you current address. If the address you provide in your written request for a hearing is different than the address on the reverse side of this form, the address in your hearing request will be treated as a change of address pursuant to K.S.A. 8-248. All correspondence will be sent to the address provided in the hearing request.
- The hearing request must state whether you want to have the certifying officer(s) subpoenaed to the administrative hearing. If you wish to contest the facts contained in the officer's certification at the administrative hearing, you have the burden of disproving those facts, and you may need to compel the appearance of the certifying officer(s) to do so. If you fail to request any officer's attendance at the time you make a hearing request, your right to compel that attendance by subpoena will be deemed waived and the Law Enforcement Officer's Certification will be admitted as evidence at the hearing.
- HEARING LOCATION. Upon receipt of your timely written hearing request, a hearing will be scheduled by telephone conference call. <u>You may request</u> that the hearing be conducted in person before a representative of the Director of Vehicles. Any request for an in person hearing must be made at the time you request a hearing. A written notice will be mailed to you setting out the time, date and place of the hearing. Any temporary driving privileges granted on the reverse side of this document will be extended until a final determination is made.
- Constitutional issues cannot be decided at the administrative hearing, but may be preserved and raised in a petition for review of the hearing to a State district court, if such petition for review is timely made pursuant to law.

Mail hearing requests to: DL Administrative Hearing Section

Kansas Department of Revenue P.O. Box 2744

Topeka, KS 66601-2744 (785) 296-6911

• Send electronic facsimile (fax) requests to: (785) 296-0275