****

**DRE Recertification Registration Form**

(Please print clearly. This information will be used for your certificate and official records)

**Personal Information**

Name:

Last First MI

TCOLE PID:

IACP DRE Number:

Date of Birth:

Home Address\*

Street or Box No

City State Zip

Work Phone:

Fax Number:

Cellular Phone

Email Address:

Peace officer Status: Full Time: Reserve: Cadet: Other:

(if you are a peace officer, check the appropriate box. This is for your TCOLE records)

**Agency/ Company Information**

Agency/Company Name:

Agency Address:

Street or Box No

City State Zip

Job Title:

**Course Information**

Course Title DRE Recert Credit Hours: 8

Starting Date: February 4, 2016

Ending Date: February 4, 2016

Course Location: Irving PD Training Academy

2603 Esters Rd

Site Address

Irving TX 75039

City State Zip

**DRE Recertification**

**Irving**

**February 4, 2016**



**For Official Use Only**

Received By:

Date:

Expiration Date:

After completing application, please e-mail to [DRE@SHSU.edu](mailto:DRE@SHSU.edu) or Fax to 936-294-3263

Signature: Date: Sign: