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**ARIDE Registration Form**

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

**Personal Information**

Name:

Last First MI

TCOLE PID:

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)

\*\* Attach copy of TCOLE report showing 24 hr SFST course.\*\*

**Agency/ Company Information**

Agency/Company Name:

Agency Address:

Street or Box No

City State Zip

Job Title:

**Course Information**

Course Title ARIDE Credit Hours: 16

Starting Date: 11/07/2016

Ending Date: 11/08/2016

Course Location: Allen PD

 900 S. Greenville Ave., Suite D \_\_ \_\_\_

Site Address

 Allen TX 75013

City State Zip

**Advanced Roadside**

**Impaired Driving**

**Enforcement**

**Allen, Texas**

**November 7-8, 2016**



**For Official Use Only**

Received By:

Date:

After completing application, please e-mail to DRE@SHSU.edu or Fax to 936-294-3263

**WALK-INS WILL NOT BE ACCEPTED**

Signature: Date: Sign: