# **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

# DRE Recertification Grand Prairie, Texas

**April 4, 2017**

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: April 4, 2017

**For Official Use Only** Received By: Date: Expiration Date:

Ending Date: April 4, 2017

Course Location: Charles V England Training 310 College

Site Address

Grand Prairie TX 75050

City State Zip

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

Signature: Date: Sign: