

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 Recertification Credit Hours: 8

Starting Date: November 13, 2019

Ending Date: November 13, 2019

Course Location: Plano Richardson Police Training Center

_____ 4912 14th St.
Site Address

Plano TX 75074
City State Zip



DRE Recertification

SHSU
Plano, Texas
November 13, 2019



For Official Use Only

Received By: _____

Date: _____

Expiration Date: _____

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

Signature: _____ Date: Sign: _____

****NO WALK -INS****