

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: _____ 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 ARIDE Credit Hours: 16

Starting Date: 10/16/2019

Ending Date: 10/17/2019

Course Location: El Paso Co SO, Region VIII Training Academy

12501 Montana Ave
Site Address

El Paso TX 77938
City State Zip



Advanced Roadside Impaired Driving Enforcement

El Paso, TX
October 16-17, 2019



****MANDATORY****

Attach copy of TCOLE report showing completion of 24-hour SFST course.

Registration is not complete until we have report.

Exceptions are Texas DPS and Texas Parks & Wildlife.

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

WALK-INS WILL NOT BE ACCEPTED. CHANGES/CANCELLATIONS SHOULD BE REPORTED TO aride@shsu.edu PRIOR TO THREE (3) BUSINESS DAYS OF FIRST DAY OF TRAINING.

Signature: _____ Date: Sign: _____