

# 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: February 6, 2020

Ending Date: February 6, 2020

Course Location: McLennan Community College Emergency Service Center  
7601 Steinbeck Bend Dr.  
Site Address

Waco TX 76708  
City State Zip



## DRE Recertification

SHSU  
Waco, Texas  
February 6, 2020



### 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: \_\_\_\_\_

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