

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: 02/04/2020

Ending Date: 02/05/2020

Course Location:
McLennan Community College Emergency Services Education Center
7601 Steinbeck Bend Dr.

_____ Site Address
Waco TX 76708
City State Zip

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: _____



**Advanced Roadside
Impaired Driving
Enforcement**

**Waco, TX
February 4 – 5, 2020**



****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.