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**ARIDE Registration Form**

(Please print clearly. This information will be used for your certificate and official records)

**Personal Information**

Name:

Last First MI

TCLEOSE 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: Reserve: Cadet: Other:

(if you are a peace officer, check the appropriate box. This is for your TCLEOSE 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: April 23, 2013

Ending Date: April 24, 2013

Course Location: Pattie Dodson Public Health Center 2801 North Navarro

Victoria TX 77901

City State Zip

**Advanced Roadside**

**Impaired Driving**

**Enforcement**

**Victoria**

**April 23-24, 2013**



**For Official Use Only**

Received By:

Date:

After completing application, please e-mail to [DRE@SHSU.edu](mailto:DRE@SHSU.edu) or Fax to 936-294-3263

**You must send in a copy of your TCLEOSE report with the application (with the exception of DPS)**

Signature: Date: Sign: