



CALIFORNIA HIGHWAY PATROL DRUG EVALUATION AND CLASSIFICATION PROGRAM

TRAINING REQUEST

Upon completion, E-mail this form with all necessary prerequisite certificates to the course coordinator. Course coordinator contact information can be found on our website at <https://www.chp.ca.gov/Programs-Services/For-Law-Enforcement/Drug-Recognition-Evaluator-Program> under Schedule of Classes. Once the request has been approved, an E-mail will be sent to the student for confirmation. **The student is not enrolled in a class until the confirmation is received via E-mail.**

PERSONAL INFORMATION

STUDENT'S NAME: (Last, First)	POST ID#
STUDENT'S AGENCY:	AGENCY FAX NUMBER:
STUDENT'S EMAIL ADDRESS:	AGENCY PHONE NUMBER:

CLASS INFORMATION

CLASS REQUESTED

STANDARDIZED FIELD SOBRIETY TESTING (SFST)

SFST INSTRUCTOR

PREREQUISITE(S): **SFST** CERTIFICATE ATTACHED

ADVANCED ROADSIDE IMPAIRED DRIVING ENFORCEMENT (ARIDE)

PREREQUISITE(S): **SFST** CERTIFICATE ATTACHED

DRUG RECOGNITION EVALUATOR (DRE)

PREREQUISITE(S): **SFST** CERTIFICATE ATTACHED

ARIDE CERTIFICATE ATTACHED

DRE RECERTIFICATION

PREREQUISITE(S): **DRE** CERTIFICATE ATTACHED

CLASS DATE: ___ / ___ / ___ LOCATION: _____

REQUESTING AGENCY APPROVAL

SUPERVISOR/TRAINING COORDINATOR

NAME / TITLE: _____

APPROVAL SIGNATURE: _____

The participating agency and student agree to the requirements of this program set forth in the National Standards. By completing this request, the agency accepts the services provided through this grant project. Students shall wear professional "business casual" attire during the entire training. In addition, instructor training requires court room attire (suit or class A uniform) for two days of class.

STUDENT UNDERSTANDING

I have read and understand all of the above.

Student Signature: _____