



**Drug Recognition Expert School  
Candidate Application  
Location: Missouri State Highway Patrol Academy**

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**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Department:** \_\_\_\_\_

**Position:** Road Officer - Deputy / DWI Unit / Traffic Unit / Other: \_\_\_\_\_  
(Specify)

**Dept. Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Department Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Experience prerequisites for DRE School: *Candidate must have 3 years of full-time law enforcement experience and at least 36 career DWI arrests, OR if less than 3 year of law enforcement experience at least 72 career DWI arrests.*

**Years of Law Enforcement Experience:** \_\_\_\_\_

**Approximate # of career DWI arrests:** \_\_\_\_\_

**Department of Health Permit:**    Type II                      Type III                      None

**SFST 24 hr Training:**                      yes                      no                      **Date:** \_\_\_\_\_

**SFST Update Training:**                      yes                      no                      **Date:** \_\_\_\_\_

**ARIDE (Required)**                      yes                      no                      **Date:** \_\_\_\_\_



# **Drug Recognition Expert School Candidate Application**

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School applying for (Indicate with a check)

\_\_\_\_\_ March 28 to April 8, 2016 Certifications in Maricopa Co, AZ April 18 - 22, 2016  
Deadline for Application: January 1, 2016

\_\_\_\_\_ August 29 to September 9, 2016 Certifications in Maricopa Co, AZ September 19 - 23, 2016  
Deadline for Application: June 1, 2016

I understand the DRE School has an academic dress code and attendance is required for all hours, including field certification, which will be held at the Maricopa County jail, in Phoenix, Arizona. I will follow the rules and policies of the Missouri State Highway Patrol Academy, and will adhere to the guidelines of the school set forth by the Course Manager. I understand if I fail to comply with these rules, I may be dismissed from the school. I understand enrollment in this course is strictly determined by the Course Manager and the Missouri State DRE / SFST Advisory Board.

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Candidate (Print and Sign)

**Department's Chief or Sheriff Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

For further information please see the [Missouri Safety Center](#) website or the [Missouri State Drug Recognition Expert](#) website.

Completed applications should be sent to your [Regional Coordinator](#) or [Sergeant Michael Halford](#).