



IACP Drug Evaluation and Classification Program

DECERTIFICATION FORM

In accordance with the requirements set forth by the *National Standards of the Drug Evaluation and Classification Program* of the International Association of Chiefs of Police,

I _____ hereby voluntarily decertify as a DRE # _____ of
(agency) _____.

_____ Is recommended for decertification by affixing my signature below.

Agency Coordinator/DRE Instructor

Date

INSTRUCTOR RATING

The above is decertification as a DRE instructor.

Agency Coordinator

Date

CONCURRENCE

The first mentioned above will be decertified as a DRE until the DRE wishes to participate in the reinstatement process.

State DRE Coordinator

Date