DRUG EVALUATION AND CLASSIFICATION PROGRAM: TRAINING REQUEST CHP 522 (New 6-19) OPI 066



Upon completion, e-mail this form with all necessary prerequisite certificates to the course coordinator. Course coordinator contact information can be found on our Web site 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 NUMBER | |
| STUDENT'S AGENCY | AGENCY FAX NUMBER | |
| STUDENT'S E-MAIL ADDRESS | AGENCY PHONE NUMBER | |

| CLASS INFORMATION | | |
|--|---|--|
| CLASS REQUESTED (ONE CLASS REQUEST PER FORM) | | |
| DUI DETECTION / STANDARDIZED FIELD SOBRIETY TESTING (SFS | T) DRUG RECOGNITION EVALUATOR (DRE) | |
| | PREREQUISITE(S): SFST CERTIFICATE ATTACHED ARIDE CERTIFICATE ATTACHED | |
| PREREQUISITE(S): SFST | DRE RECERTIFICATION | |
| ADVANCED ROADSIDE IMPAIRED DRIVING ENFORCEMENT (ARIDE |) PREREQUISITE(S): DRE CERTIFICATE ATTACHED | |
| PREREQUISITE(S): SFST | | |
| CLASS DATE | LOCATION | |
| | | |

| REQUESTING AGENCY APPROVAL | | |
|--------------------------------|--------------------|--|
| STUDENT'S SUPERVISOR/COMMANDER | | |
| NAME AND 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 courtroom attire (suit or class A uniform) for two days of class.

STUDENT UNDERSTANDING

I have read and understand all of the above.

STUDENT SIGNATURE