STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

DRUG EVALUATION AND CLASSIFICATION PROGRAM: TRAINING REQUEST

CHP 522 (Rev. 8-26) OPI 066

Upon completion, route this form and all required prerequisite certificates through channels 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 trainee for confirmation.

NOTE: The trainee is not enrolled in a class until the confirmation is received via e-mail.

TRAINEE INFORMATION *(One trainee per form)*

NAME *(FIRST LAST)*	POST I.D. NUMBER	BADGE NUMBER

AGENCY	AGENCY PHONE NUMBER

WORK E-MAIL ADDRESS *(REQUIRED)*	SUPERVISOR'S EMAIL ADDRESS *(REQUIRED)*

COURSE INFORMATION *(Request one class per form)*

NOTE: Enrollment for SFST/DRE Instructor schools should be submitted on the SFST or DRE Instructor application.

	START DATE	END DATE	LOCATION
☐ DUI DETECTION / STANDARDIZED FIELD SOBRIETY TESTING (SFST)			
☐ SFST REFRESHER *PREREQUISITE:* ☐ SFST Certificate Attached *(Required)*			
☐ ADVANCED ROADSIDE IMPAIRED DRIVING ENFORCEMENT (ARIDE) *PREREQUISITE:* ☐ SFST Certificate Attached *(Required)*			
☐ DRUG RECOGNITION EVALUATOR (DRE) *PREREQUISITES:* ☐ SFST Certificate Attached *(Required)* ☐ ARIDE Certificate Attached *(Required)* ☐ 1+ Years on Patrol *(Required)*			

DRESS CODE AND ATTENDANCE:
Students shall attend all hours of training and shall wear professional/ business attire for the duration of DRE school.

CHP DRE APPLICANTS ONLY: Requesting travel reimbursement? ☐ Yes ☐ No

IF YES, SELECT ALL THAT APPLY: ☐ Per Diem ☐ Airfare ☐ State Vehicle ☐ Lodging ☐ Personal Vehicle Mileage *(Requires cost comparison)*

ESTIMATED TOTAL COST OF TRIP $ _____

CHP employees shall book accommodations via the statewide vendor in adherence with departmental policy, and shall verify/request access to the vendor site and CalATERS system prior to commencing travel. For more information on travel policies and procedures, refer to **Highway Patrol Manual 11.1, Chapter 2, Travel Advances and Expense Claims**.

	DRE #	CLASS DATE	LOCATION
☐ DRE RECERTIFICATION			

ACKNOWLEDGEMENTS AND APPROVALS

I, the undersigned, certify that I have read and understand the requirements of this program set forth in the National Standards. I further certify that I will follow all instructions regarding attendance, travel expense, dress code, etc., as applicable.

TRAINEE SIGNATURE	PRINTED NAME AND TITLE	DATE

I, the undersigned, certify that I have read and understand the requirements of this program set forth in the National Standards. By signing this document, I accept on behalf of my agency the services provided through this project, and approve the individual indicated on this document for participation in the Drug Evaluation and Classification Program.

SUPERVISOR SIGNATURE	PRINTED NAME AND TITLE	DATE