IACP Drug Evaluation and Classification Program

DRE DECERTIFICATION FORM

DRE Name:_____

DRE #: _____

DRE's Agency: _____

DECERTIFICATION INFORMATION:

Date Decertified: _____

Reason for Decertification: _____

_____

_____

_____

Should the DRE be considered for Reinstatement: Yes: ____ No: ____

Agency (or State) Coordinator _____

Date _____

International Association of Chiefs of Police

This form may be duplicated

4-2019