

NEW JERSEY DEC/ DRE PROGRAM
2017 Application for DRE Training

Name: _____ Rank: _____ Badge #: _____
Agency _____ County/Station: _____
Years of Service: _____ Email: _____
Contact #: _____ Cell #: _____
Number of DWI arrests during 2013: _____ 2014: _____ 2015: _____ 2016: _____
Date & location of DWI/SFST training: _____
Chief/Station Cmdr.: _____ Email: _____ Phone #: _____

PREREQUISITES TO BE CONSIDERED FOR TRAINING:

1. **MUST** be trained and **CERTIFIED** in administration of SFSTs
2. Officers primary assignment **MUST** include DWI enforcement.
3. **MUST** be able to write a descriptive, detailed DWI report which demonstrates the officer's ability to administer and document the SFSTs as trained.
4. **ARIDE** (Advanced Roadside Impaired Driving Enforcement).

TO BE INCLUDED WITH APPLICATION:

1. Copy of one DWI report which is indicative of officer's report writing skills. Please restrict submissions to the DWI report narrative (SFTSs must be in proper order).
2. Copy of HGN certification card.

RECOMMENDATION OF A CERTIFIED DRUG RECOGNITION EVALUATOR:

Name: _____ DRE# _____
Comments:

Please list any prior certifications or training which would enhance the officer's ability to complete DRE training (*ARIDE, EMT, paramedical training, etc.*):

Officers selected for training will be notified via e-mail.
Applications for training are retained on file for calendar year.

PLEASE EMAIL APPLICATION TO: DRE@GW.NJSP.ORG and lpp6353@gw.njsp.org

Any questions, please contact DRE Agency Coordinator Sgt. Mike Gibson #6353 at (609) 947-1305, email: lpp6353@gw.njsp.org

Official Use Only:

APPROVED DENIED Comments: _____