



STATE OF COLORADO
Drug Recognition Evaluator Instructor Program
Request for student enrollment

Date of Request: _____

Date of Class: _____

Location of Class: _____

Student Name: _____

Student email address: _____

Student Phone Number (Work): _____

Student Phone Number (Cell/Pager): _____

Participating Agency: _____

Agency DRE Coordinator's Application Approval: _____

(Must be signed by agency DRE Coordinator)

Agency Coordinator Phone Number: _____

Agency Fax Phone Number: _____

DRE Instructor recommendations:

(Name and agency) _____

(Name and agency) _____

(Two recommendations from current Colorado DRE Instructors are required. One can not be from same agency as student.)

Standards for Certification as a Drug Recognition Expert are in the *The International Standards of the Drug Evaluation and Classification Program (Colorado January 1, 2005 Version)*. This document can be located at:

<http://www.dot.state.co.us/Safety/alcohol/dre.htm>

Approved _____ Authorized Signature _____ Date _____

Denied Reason _____