

NEW JERSEY DEC/ DRE PROGRAM
2016 Application for DRE Training

Name: _____ Rank: _____ Badge #: _____
Agency _____ County/Station: _____
Years of Service: _____ Email: _____
Contact #: _____ Cell #: _____
Number of DWI arrests during 2012: _____ 2013: _____ 2014: _____ 2015: _____
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.

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.
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

Any questions, please contact State DEC/DRE Coordinator SFC Roberto P. Tormo #5322
at (609) 584-5051 x 5618, email: lpp5322@gw.njsp.org
or Tpr.I Mike Gibson #6353 at (609) 947-1305, email: lpp6353@gw.njsp.org

Official Use Only:

APPROVED DENIED Comments: _____