



Iowa Drug Recognition Expert Application



Please Type or Print Legibly

Applicant: _____ Current Rank: _____

Agency Name: _____

Agency Address: _____

City: _____

State: _____ Zip: _____

Office Phone: (____) ____-____ Cell Phone/Alt. (____) ____-____ Fax Phone: (____) ____-____

Years with Department: _____ From Date: _____ To Date: _____

E-mail: _____ Alternate E-mail: _____

LAW ENFORCEMENT EXPERIENCE: *(List all Departments excluding present agency.)*

Department	Position	From Date	To Date

County Attorney's Name: _____ PBX: (____)____-_____

Has your county attorney prosecuted any DRE or drug impaired OWI cases? Y__ N__

List the address you would like DRE correspondence mailed to if different than above:

Street Address: _____

City: _____

State: _____ Zip: _____

REFERENCES: *(Provide 2 references from within your department.)*

Name: _____ PBX: (____)____-_____

Name: _____ PBX: (____)____-_____

Applicant's Signature

Date

Please make sure that you have included all required documents. If you have questions please call Todd Olmstead, at (515) 725-6122 (o) or (515) 393-8659 (w).

Please return this packet - BY January 14, 2022 to:

Todd Olmstead, Iowa DRE Coordinator
Iowa Governor's Traffic Safety Bureau – Iowa Department of Public Safety
215 E. 7th Street – 3rd Floor
Des Moines IA 50319