



# 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 May 15, 2020 to:

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