



Iowa Drug Recognition Expert Instructor Application



Please Type or Print

Applicant: _____ Current Rank: _____

Agency Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Office Phone: (____)____-____ 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

Date SFST Instructor Training _____

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 and 2 additional.)*

Name: _____ PBX: (____)____-____

Name: _____ PBX: (____)____-____

Name: _____ PBX: (____)____-____

Name: _____ PBX: (____)____-____

Applicant's Signature

Date

Please make sure that you have included all required documents. If you have questions please call 515-725-6122 or 515-393-8659.

Return this packet to:
Todd Olmstead, Iowa DRE Coordinator
Iowa Department of Public Safety - GTSB
215 E. 7th Street – 3rd Floor
Des Moines, IA 50319