

**IACP Drug Evaluation and Classification Program  
Recertification and Assurances**

In accordance with the requirements set forth by the *National Standards of the Drug Evaluation and Classification Program* of the International Association of Chiefs of Police, I hereby certify that DRE \_\_\_\_\_ DRE # \_\_\_\_\_

Agency \_\_\_\_\_ has complied with all of the recertification standards which apply and give my assurances that:

- (1) The above named DRE has conducted at least four drug recognition evaluations since his/her most recent date of certification;
- (2)\* has attended at least eight hours of approved DRE in-service training since his/her most recent date of certification (Fill in answers below),;
- (3) has presented an updated resume and rolling log to the agency coordinator or his/her designee for review; and
- (4) is recommended for recertification by affixing my signature below.

\*Colorado requirement:

- 1. What location did the DRE get the training? \_\_\_\_\_
- 2. What were the dates of the training? \_\_\_\_\_
- 3. What was the title of the training event? \_\_\_\_\_

\_\_\_\_\_  
Agency Coordinator Date

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**INSTRUCTOR RATING**

The above is also eligible for recertification as a DRE instructor.

\_\_\_\_\_  
Agency Coordinator Date

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**CONCURRENCE**

The first mentioned above remains certified as a DRE through \_\_\_\_\_

\_\_\_\_\_  
State DRE Coordinator State Date

**This form may be duplicated**