

New Mexico Drug Recognition Expert Program

400 Roma NW
Albuquerque, New Mexico 87102



ARIDE REGISTRATION REQUEST

Name: _____ Agency: _____

Number of years as LEO: _____ Current DWI/Traffic Enforcement Unit? _____
yes/no

Date/Location of A.R.I.D.E. Applying for: _____

1. Have you ever attended the A.R.I.D.E. Course before? _____
Yes No

If 'yes', when? _____

2. Have you ever been certified as a Drug Recognition Expert in any state? _____
Yes No

If 'yes', when? _____

3. How many D.W.I. Arrests have you made in the preceding 6 months? _____

4. Why do you want to attend this training? _____

(attach separate sheet if necessary)

5. Name of D.R.E. or supervisor recommending you for this training: _____

DO NOT WRITE BELOW

Approved for A.R.I.D.E.? _____
yes/no

If no, why? _____

Signature of State Coordinator/DEC Program Manager

A.R.D.E. Course/Location Applicant Registered for