



Wisconsin Drug Recognition Expert Application

Please Type or Print Legibly



Applicant: _____ Current Rank: _____

Agency Name: _____ County: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

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

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

Work E-mail: _____ Home/Alt. E-mail: _____

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

Department	Position	From Date	To Date

County Attorney's Name: _____ Ph. #: (____) ____-____

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 the name and phone number of your immediate supervisor.)*

Name: _____ Ph. #: (____) ____-____

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

Name: _____ Ph. #: (____) ____-____

Name: _____ Ph. #: (____) ____-____

REFERENCES: *(Provide 2 references that are current Drug Recognition Experts, if known.)*

Name: _____ Ph. #: (____) ____-____

Name: _____ Ph. #: (____) ____-____

Applicant's Signature _____

Date _____

Please make sure that you have included all required documents. If you have questions please call or email: Steve Krejci at (414)-550-0979 or skrejci911@earthlink.net

Please return this packet – By February 27th, 2018 to:
Steve Krejci, DRE/SFST State Coordinator, WiDOT/BOTS
10300 W. Juniper St, Milwaukee, WI. 53224
Or via email to skrejci911@earthlink.net