



# ARIDE Class Application

(Advance Roadside Impaired Driving Enforcement)

## APPLICATION TO ATTEND ARIDE

Course Date and Location \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle) (Please print or type)

Date of Birth \_\_\_\_\_ Circle: M or F Law Enforcement Service \_\_\_\_\_ yrs. \_\_\_\_\_ Mos.

Email address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name of Department \_\_\_\_\_ Phone # \_\_\_\_\_

Department Mailing Address \_\_\_\_\_  
Address City Zip

I request that you accept this nominee as the official representative of the Law Enforcement Agency headed by me. I do hereby agree that this representative will abide by all such rules and regulations pertaining to classroom and will have mandatory 100% attendance. Any serious breach of same may result in the dismissal of the violator. **Application should be made no later than 30 days prior to the course.**

Due to the nature of some of the training offered, enrollment in a school may be limited. **Please do not assume that the applicant has been accepted for this school until you have received official confirmation from the DECP State Coordinator.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Department Head Signature)

\_\_\_\_\_  
(Title of Applicant)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

**This application form must be completed in its entirety and forwarded to the Law Enforcement Training Office.**

Return this Application to:

Sgt. Isaac Kurtz  
5316 W 60<sup>th</sup> St. North  
Sioux Falls, SD 57107  
605-480-3361 Cell  
Email – [Isaac.Kurtz@state.sd.us](mailto:Isaac.Kurtz@state.sd.us)