Standardized Field Sobriety Test (SFST) Instructor Roster Form

The form can be returned either electronically or to the address below:
Completed Roster must be returned at the conclusion of the training

Impaired Driving Section
WSP – SFST Program
811 E Roanoke
Seattle, WA 98102

OR drugrecognitionexpert@wsp.wa.gov

Course Title: ☐ DUI / SFST Basic (**Course code SFST0101**) ☐ SFST Refresher (**Course code SFST0102**) ☐ SFST Instructor Development (**Course code SFST0103**)

Training Date:_____ Course Code:_____

Start Time:_____ End Time: _____

Location of Training:_____
(Example: WSP-Burlington or Puyallup PD)

_____
(Street Address)

_____
(City, State, Zip)

Lead Instructor(s) Information:

Name:_____ Name:_____

Agency:_____ Agency:_____

Assistant Instructor(s) Information:

Name:_____ Name:_____

Agency:_____ Agency:_____

Drinking Lab Lead Instructor(s) Information:

Name:_____ Name:_____

Agency:_____ Agency:_____

Drinking Lab Assistant Instructor(s) Information:

Name:_____ Name:_____

Agency:_____ Agency:_____

STUDENT ROSTER

☐ **DUI / SFST Basic** ☐ **SFST Refresher** ☐ **SFST Instructor Development**

WRITE LEGIBLY OR THE NAME MIGHT NOT BE ENTERED INTO DATABASE.

Name **(full name with middle initial)**	**Agency** **(spell out agency name)**	**Email Address**	**Status** (P: pass) (I: incomplete)