



**DELAWARE STATE POLICE
PROFESSIONAL LICENSING
CEW CERTIFICATION/RE-CERTIFICATION FORM**

APPLICANT NAME _____
(LAST) (FIRST) (MI)

DATE OF BIRTH _____

*[] BEA

*[] CONSTABLE

[] **INITIAL CERTIFICATION – 6 HOURS**

DATE OF CERTIFICATION _____

[] **RE-CERTIFICATION – 4 HOURS**

DATE OF RE-CERTIFICATION _____

_____ I (*applicant*) have received a copy of the Rules & Regs in regards to my CEW status
(Initial) in the above industry(s).*

INSTRUCTOR'S COMMENTS:

INSTRUCTOR _____ / _____
(Print name) (Signature)