DELAWARE STATE POLICE
PROFESSIONAL LICENSING
CEW CERTIFICATION/RE-CERTIFICATION
AND PROFICIENCY 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)

As the instructor, by signing this form, I verify that the applicant has demonstrated proficiency with the CEW.