Pennsylvania DUI Association 2413 North Front Street Harrisburg, PA 17110 (717) 238-4354 800-62 PA DUI

PENNSYLVANIA ALCOHOL HIGHWAY SAFETY PROGRAM

CRN EVALUATOR RECERTIFICATION

This form should be filled out and submitted by the DUI Coordinator. If the Coordinator is the Evaluator seeking recertification, this form should be submitted by the Coordinator's immediate supervisor. As a reminder, recertification is required every two (2) years.

Evaluator's Name	LAST	FIRST	MI
County			
Evaluator's Address _			
Evaluator's Telephone	e Number		
Last Date Certified or	Recertified		
	AD Instructors- 12 tes attended and c		
I certify that the Applyears.		ed at least five (5) CRN	s in the past two (2)
Approximate number	of CRN's comple	ted in the past two (2) y	ears
I recommend that the	above listed Eval	uator be Recertified.	
DUI Coordinator's Si	gnature	Date	
DUI Coordinator:		((please print)
Telephone Number			