



DWI DETECTION  
&  
STANDARDIZED FIELD SOBRIETY  
INSTRUCTOR TRAINING

APPLICATION

Name: \_\_\_\_\_

Rank: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Office \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Law Enforcement Hire Date: \_\_\_\_\_

Date SFST Trained: \_\_\_\_\_

SFST Training:    \_\_\_ 16 hours    \_\_\_ 20 hours    \_\_\_ 24 hours

SFST INSTRUCTOR APPLICATION (Continued)

Advanced Roadside Impaired Driving Enforcement (16 hrs) Yes  No

Drug Recognition Expert Certified: Yes  No

If yes Date Certified: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

IACP DRE Number: \_\_\_\_\_

Are you Currently SFST Credentialed in Kansas: Yes  No

Credential Number \_\_\_\_\_ Date \_\_\_\_\_

Date of Last SFST Refresher: \_\_\_\_\_

Current Law Enforcement Assignment: \_\_\_\_\_

Number of DUI Arrests in last 3 years: \_\_\_\_\_

Please State why you want to be considered for the SFST Trainer Position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other Police Instructor Ratings you currently hold: \_\_\_\_\_

\_\_\_\_\_

Do you currently instruct at any of the Kansas Law Enforcement Training Centers:

Yes  No  Name of Training Center \_\_\_\_\_

Course(s) of Instruction: \_\_\_\_\_

\_\_\_\_\_

Will your department allow you to assist with SFST Training throughout the State upon receiving a timely request?

Yes  No

SFST INSTRUCTOR APPLICATION (Continued)

By signing below, you agree that by attending the SFST Instructor Training, you understand that you may be requested periodically to assist with SFST Training within the State. Requests for assistance from the SFST State Coordinator will be made in a timely manner to allow for maximum notice to your agency for scheduling purposes. Reasonable consideration of those requests will be expected.

Further, expenses incurred and reimbursed for your assistance will be limited to:

- Lodging if required
- Per Diem (if lodging is incurred) at the current state rate for meals

Your agency will be responsible for wages and transportation costs to and from and during the training.

You and your agency further agree to adhere to the standards set forth in **The Kansas Standards for DWI Detection and Standardized Field Sobriety Testing.**

\_\_\_\_\_  
(Printed Name of Applicant)

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

\_\_\_\_\_  
(Printed Name/Rank of Approving Authority)

\_\_\_\_\_  
(Signature)

Return completed application to:

**Matthew Payne, LT State Coordinator  
Kansas DEC/SFST Programs**

**[Matthew.Payne@ks.gov](mailto:Matthew.Payne@ks.gov)**

**2025 E Iron Ave  
Salina, KS 67401**