

Under the Paperwork Reduction Act, a Federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control number. The OMB Control Number for this information collection is 2127-XXXX. The average amount of time to complete the form is 30 minutes. All responses to this collection of information are voluntary. The purpose of this research study is to examine public attitudes toward motor vehicle safety and relationships between attitudes, behaviors, and demographics. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden send them to Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Washington, DC, 20590.

## Strategies to Improve DRE Officers' Performance and Law Enforcement Agencies' DRE Programs

### Equipment, Technology, and Supplies Order Form

Please use this form to request those items that you will need to properly implement enhancements to your DRE Program. Select only those items that you identify are needed for you proper participation. You will not be charged for the items selected/needed. Items are not being provided as gifts but are considered as essential items for proper participation and implementation of the DRE Program.

### Delivery Information

Delivery Point of Contact Name:

Delivery Point of Contact Phone:

Delivery Point of Contact Email:

Delivery Address:

Special Delivery Instructions:

### Requested Items

| Item (include brand/model if applicable) | Quantity | Strategy(ies) Item Will Be Used For (Data Collection, Call-Outs, E-Warrants, Phlebotomy) |
|--|----------|--|
|  |          |  |
|  |          |  |
|  |          |  |
|  |          |  |

### Complete this section if item(s) require(s) cellular service

Name of Cellular Service Provider:

Cellular Plan Name:

Other Pertinent Information:

## Assistance Requested

Will you need assistance loading application(s) or software onto devices?