

**D.A.R.E. AMERICA  
INTER/INTRA REGIONAL REQUEST FOR TRAINING AND/OR POLICY WAIVER**

**APPLICANT INFORMATION**

Full Name (First, MI, Last):	
Agency / Department:	
Agency Address:	
City, State, Zip:	Agency Phone:
Email:	Cell Phone:

**TRAINING INFORMATION**

**POLICY WAIVER INFORMATION**

Training Location:  Dates Of Training:	<b>Justification for requested training or policy waiver:</b>      
<p align="center"><b>D.A.R.E. Officer Training (DOT) Applicant:</b></p> <p><b><u>Please check all that apply:</u></b></p> <p>I am a uniformed law enforcement officer meeting the minimum training standards for peace officer status in my state of residence.</p> <p>I have completed the equivalent of two years full-time service as a police officer with full powers.</p>	
By signing below, I certify that the information above is true and accurate to the best of my knowledge. I give D.A.R.E. America the right to verify information that I have provided.	
_____ Applicant's Signature	_____ Date
Applicant's Agency Supervisor Signature acknowledging training commitment as a D.A.R.E. Officer:	Date:

**REQUESTING AGENCY'S STATE D.A.R.E. COORDINATOR RECOMMENDATION**

<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	State Coordinator's Signature:	Date:
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**STATE TRAINING CENTER OF PROPOSED TRAINING**

<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	State Training Center Director's Signature:	Date:
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**REGIONAL DIRECTOR'S APPROVAL**

<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	Regional Director's Signature:	Date:
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