

**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:	Justification for requested training or policy waiver: <div style="text-align: center; font-size: 2em; color: #f08080; opacity: 0.5;">D.A.R.E.®</div>
<p align="center">D.A.R.E. Officer Training (DOT) Applicant:</p> <p><u>Please check all that apply:</u></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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