

**D.A.R.E. America
Inter/Intra Regional
Request for Training or Policy Waiver**

AGENCY/APPLICANT INFORMATION (Please type or print clearly)

Requesting Agency:		Date:	
Mailing Address (Street, City, State, Zip):			
Agency Contact Person:		Phone Number:	Fax Number:
Applicant's Name:		Email Address:	
Type of Training Requested: <div style="display: flex; justify-content: space-around; padding: 5px;"><input type="checkbox"/> DOT<input type="checkbox"/> MOT<input type="checkbox"/> JR. HIGH<input type="checkbox"/> SR. HIGH<input type="checkbox"/> PARENT<input type="checkbox"/> OTHER</div>			
Location of Training Center Providing Training:		Dates of Training:	
Number of Years as Full Time Certified Peace Officer:	Number of D.A.R.E. Elementary Semesters Taught:	Number of D.A.R.E. Elementary Classes Taught:	
Justification for Requested Training:			
Justification for Requested Policy Waiver. Please be very specific. Use additional pages if necessary:			
Authorized Agency Representative Signature:			Date:

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

<div style="display: flex; justify-content: space-around; padding: 5px;"><input type="checkbox"/> Approve<input type="checkbox"/> Disapprove</div>	
State Coordinator's Signature:	Date:

REGIONAL DIRECTOR'S APPROVAL

<div style="display: flex; justify-content: space-around; padding: 5px;"><input type="checkbox"/> Approve<input type="checkbox"/> Disapprove</div>	
Regional Director's Signature:	Date: