

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

APPLICANT INFORMATION

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

TRAINING INFORMATION

Training Location:	Dates Of Training:
Type Of Training Requested:	
<input type="checkbox"/> DOT <input type="checkbox"/> MOT <input type="checkbox"/> Sr High <input type="checkbox"/> Community Programs <input type="checkbox"/> Other Pls. specify: _____	

Please check all that apply:

D.A.R.E. Officer Training (DOT) Applicant:

- I am a uniformed law enforcement officer meeting the minimum training standards for peace officer status in my state of residence.
- I have completed the equivalent of two years full-time service as a police officer with full powers.

Mentor Officer Training (MOT) Applicant:

- I have successfully completed the D.A.R.E. Officer Training and have been issued a certificate by an accredited state D.A.R.E. Training Center.
- I am an active D.A.R.E. Instructor.
- I have taught the complete D.A.R.E. Elementary and/or Middle School curricula.
- I have no less than one year of classroom experience.

Justification For Requested Training or Policy Waiver:

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

Authorized Agency Representative Signature:

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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