

**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:	
DOT	MOT
Sr High	Community Programs
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** Middle School/Junior High curricula for a minimum of twelve classes.

I have no less than two semesters 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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