

**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: <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		
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:		
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:

REGIONAL DIRECTOR'S APPROVAL

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