

**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:	Agency Fax:
City, State, Zip:	Agency Phone:
Email:	Cell Phone:

**TRAINING INFORMATION**

Training Location:	Dates Of Training:
<p align="center"><b>D.A.R.E. Officer Training (DOT) Applicant:</b></p> <p><b><u>Please check all that apply:</u></b></p> <p><input type="checkbox"/> I am a uniformed law enforcement officer meeting the minimum training standards for peace officer status in my state of residence.</p> <p><input type="checkbox"/> I have completed the equivalent of two years full-time service as a police officer with full powers.</p>	<p align="center"><b>Mentor Officer Training (MOT) Applicant:</b></p> <p><b><u>Please check all that apply:</u></b></p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> I am an active D.A.R.E. Instructor.</p> <p><input type="checkbox"/> I have taught the complete D.A.R.E. Elementary and/or Middle School curricula.</p> <p><input type="checkbox"/> I have no less than one year of classroom experience.</p>

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

Applicant's Agency Supervisor Signature  
acknowledging training commitment as a  
D.A.R.E. Officer and/or Mentor:

\_\_\_\_\_  
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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