

**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<br><input type="checkbox"/> Disapprove | State Coordinator's Signature: | Date: |
|---|--------------------------------|-------|

**STATE TRAINING CENTER OF PROPOSED TRAINING**

|   |   |       |
|---|---|-------|
| <input type="checkbox"/> Approve<br><input type="checkbox"/> Disapprove | State Training Center Director's Signature: | Date: |
|---|---|-------|

**REGIONAL DIRECTOR'S APPROVAL**

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