

**D.A.R.E. America  
Inter/Intra Regional  
Request for Training or Policy Waiver**

**AGENCY/APPLICANT INFORMATION (Please type or print clearly)**

Requesting Agency:	Agency Contact Person:	
<b>APPLICANT CONTACT INFORMATION:</b>		
Applicant's Name:	Phone Number:	Cell Phone Number:
Mailing Address (Street, City, State, Zip):		
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: