D.A.R.E. AMERICA
INTER/INTRA REGIONAL REQUEST FOR TRAINING AND/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: Camp Dodge, Johnston, IA

Dates Of Training: Sept. 27th - Oct. 7th, 2026

☑ ***D.A.R.E. Officer Training (DOT) Applicant:***

Please check all that apply:

☑ 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.

POLICY WAIVER INFORMATION

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:	Date:

REQUESTING AGENCY'S STATE D.A.R.E. COORDINATOR RECOMMENDATION

☐ Approve ☐ Disapprove	State Coordinator's Signature:	Date:

STATE TRAINING CENTER OF PROPOSED TRAINING

☐ Approve ☐ Disapprove	State Training Center Director's Signature:	Date:

REGIONAL DIRECTOR'S APPROVAL

☐ Approve ☐ Disapprove	Regional Director's Signature:	Date: