

# D.A.R.E. America

## Request for Training - Illinois

### AGENCY / APPLICANT INFORMATION (To be completed by requesting agency):

Requesting Agency:		Date:	
Address:	City:	State:	Zip:
Applicant's Name:		Email:	
Agency Contact Person:	Phone Number:	Fax Number:	
<b>Type of Training Requested:</b> <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			
Name and Location of Training Center to Provide Training:			
Dates of Training Seminar:			
Number of Years as 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:			
Authorized Agency Representative Signature:		Date:	

### STATE COORDINATOR'S APPROVAL (To be completed by requesting agencies state coordinator):

I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT	Endorse This Request For Inter/Intra Regional Training
Applicant: <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT	Meet Minimum Criteria Established For Selection and Training
State Coordinator's Signature:	Date:

### REGIONAL DIRECTOR'S APPROVAL (to be completed by authorized regional director):

I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT	Endorse This Request For Inter/Intra Regional Training
Regional Director Authorization:	Date: