

**NAID<sup>®</sup> CERTIFICATION PROGRAM  
SUBSTANCE ABUSE RECOGNITION TRAINING PROGRAM  
APPROVAL SUBMISSION FORM**

Please complete this form and submit to NAID to have your Certification Substance Abuse Recognition Program (SARP) approved. The form and the additional items required can be submitted via mail or faxed to (602) 788-4144. Once your program has been approved a confirmation will be sent to you via email or fax.

Please remember that all managers and supervisors must go through the program annually.

If you have any questions, please contact the NAID Certification Program Administrator at (602) 788-6243 ext 206 or at certification@naidonline.org.

**Company:** \_\_\_\_\_ **Individual Contact:** \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Total # Supervisors Trained at above Operation: \_\_\_\_\_ Total # Destruction Employees at above Operation: \_\_\_\_\_

Is the application for multiple locations?  No  Yes

*If yes, please provide the Company name (if different than above), city and state of the other locations that will be utilizing this program.*

1. Company: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Country: \_\_\_\_\_

2. Company: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Country: \_\_\_\_\_

3. Company: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Country: \_\_\_\_\_

Agency administering the program: \_\_\_\_\_

Contact person at Agency: \_\_\_\_\_

Agency phone number: \_\_\_\_\_ Email address : \_\_\_\_\_

Title of Program: \_\_\_\_\_

Date the program was last conducted (or is to be conducted): \_\_\_\_\_

Duration of the program: \_\_\_\_\_ minutes

I am providing the following program information:

Type of or sample of dated documentation indicating the successful completion of the program:

- Certificate  Graded test  
 Signed attendance roster  Other, explain \_\_\_\_\_

**AND**

- Proof of DOT approved program **OR**  Outline of Program & Handouts/materials used during training

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**NAID Use Only**

**Substance Abuse Recognition Program Training Approval**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_