

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

Please complete this form and submit to NAID for approval of your Substance Abuse Program Training (SARP). Upon approval of your program a confirmation email will be sent. Please remember that manager(s) and/or supervisors must go through the program annually.

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ 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, 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): \_\_\_\_\_

I am providing the following program information:

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

**AND**

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

Company  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**NAID Use Only**

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

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

Please submit the form via:  
FAX: (480)658-2088  
EMAIL: [certification@naidonline.org](mailto:certification@naidonline.org)  
QUESTIONS: (602)788-6243