1. Indicate the date of and circumstances surrounding each occurrence. Include specific reasons for the incident and the number of times used.

2. List the specific drug(s) or combination of drugs used (to include help derivatives).

3. Indicate the method of drug use (orally, injected, skin-popping, sniffing, external applications, etc).

4. Specifically, what effects were produced by the drug?

5. Describe the residual effects.

6. Indicate your current feelings toward drug abuse and use, and whether or not you would use them again.

7. List any other information that would be helpful in evaluation of waiver.

SIGNATURE: _______________________________   DATE:__________________________