



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

APPLICATION FOR NON-FUNDED TRAINING

Complete this application and return to: **Ohio State Highway Patrol
Academy Registrar
740 East 17th Avenue
Columbus, OH 43211
FAX (614) 387-7667**

We must be in receipt of this application before the student can be confirmed. All courses contingent on minimum enrollment.

STUDENT'S LAST NAME		STUDENT'S FIRST NAME		MI
STUDENT'S RANK		JOB DESCRIPTION		
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	DORM ROOM REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO
AGENCY NAME			AGENCY E-MAIL FOR CONFIRMATION	
AGENCY STREET ADDRESS, CITY, ZIP CODE				COUNTY
PHONE NUMBER		FAX NUMBER		
TRAINING OFFICER		AGENCY HEAD		
SIGNATURE OF AGENCY HEAD				

Your agency will be billed after completion of the course. No payments will be accepted prior to course completion.

COURSE INFORMATION:

- _____ Commercial Motor Vehicle (CV SAFE)
- _____ Criminal Patrol / Drug Interdiction
- _____ Firearms, Arrest, and Self-Defense Tactics (FAST)
- _____ Firearms, Arrest, and Self-Defense Tactics (FAST) **Female Officers Only**
- _____ Firearms, Arrest, and Self-Defense Tactics (FAST) – Advanced
- _____ Handgun Combat Skills
- _____ Tactical Shotgun
- _____ Police Instructor

Course Number and Course Dates: _____

Indicate if you wish the officer reenrolled in a subsequent course if the requested date is filled: Yes No