OHIO STATE HIGHWAY PATROL

APPLICATION FOR NHTSA-FUNDED TRAINING

Complete this application and return to:

Ohio State Highway Patrol
Academy Registrar
740 East 17th Avenue
Columbus, OH 43211
Fax# (614) 294-8058

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

STUDENT INFORMATION:

Name: _____
(Last) (First) (MI)

Rank: _____ Job Description: _____

Position: Full Time _____ Part Time _____ Male _____ Female _____

Dorm Room Requested: _____

DEPARTMENT INFORMATION:

Agency Email for Correspondence: _____

Agency Name: _____ County: _____

Street Address: _____ City: _____

Zip: _____ Phone: _____ Fax: _____

Training Officer: _____

Agency Head Authorizing: _____
(Print or Type)

Signature of Agency Head: _____

COURSE INFORMATION:

_____ ADAP
_____ ADAP Instructor Update
_____ Basic Traffic Crash Investigation
_____ Electronic Speed Measuring Devices (ESMD)
_____ Electronic Speed Measuring Devices Instructor Certification
_____ Technical Traffic Crash Investigation

Course Number and Date Requested: _____

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