

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) 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: _____

Your agency will be billed after completion of 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 **Ladies Only**
- _____ Firearms, Arrest, and Self-Defense Tactics - Advanced FAST
- _____ Firearms Proficiency
- _____ Physical Security Operations

Course Number and Date Requested: _____

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