



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

APPLICATION FOR NHSTA 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 EMAIL FOR CORRESPONDENCE		
AGENCY STREET ADDRESS		CITY	ZIP CODE	COUNTY
PHONE NUMBER		FAX NUMBER		
TRAINING OFFICER		AGENCY HEAD		
SIGNATURE OF AGENCY HEAD				
X				

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

COURSE INFORMATION:

- _____ ADAP
- _____ ADAP Instructor Update
- _____ Basic Traffic Crash Investigation
- _____ Intermediate Traffic Crash Investigation
- _____ Technical Traffic Crash Investigation
- _____ Crash Reconstruction
- _____ Pedestrian Crash
- _____ Motorcycle Crash Investigation
- _____ Electronic Speed Measuring Devices (ESMD)
- _____ Electronic Speed Measuring Devices Instructor Certification

COURSE NUMBER	COURSE DATE
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Indicate if you wish the officer re-enrolled in a subsequent course if the requested date is filled. YES NO