



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO INVESTIGATIVE UNIT

### SFST TRAINING ALCOHOL REQUEST

DATE OF THIS REQUEST			
POLICE AGENCY			
OFFICE IN CHARGE OF REQUEST			
AGENCY ADDRESS			
CITY	STATE	ZIP	AGENCY PHONE NUMBER

DATES OF TRAINING
LOCATION OF TRAINING (IF DIFFERENT FROM AGENCY)

NUMBER OF STUDENTS
NUMBER OF CONTROLLED DRINKERS FOR THIS CLASS
IF THIS CLASS IS ONE IN A SERIES OF CLASSES, HOW MANY OTHER CLASSES ARE INVOLVED?

DATE ITEMS ARE TO BE PICKED UP FOR CLASS
PERSON MAKING PICK UP
BEST TIME(S) AND DAY(S) OF WEEK TO CONTACT THIS PERSON
THAT PERSON'S PHONE NUMBER (IF DIFFERENT FROM AGENCY)

FAX OR MAIL THIS COMPLETED FORM TO:

NOTES: Requests must be made through the Division  
Central Office Evidence Custodian.  
Fulfillment of requests are based on availability  
Limited to one bottle per controlled drinker  
Each class must have an individual request form

Ohio Department of Public Safety  
Ohio Investigative Unit  
Attn: Central Office Evidence Custodian  
P.O. Box 182074  
Columbus, Ohio 43218-2074  
**FAX: (614) 752-5528**  
Phone: (614) 644-2415