



INVESTIGATIVE UNIT  
**ADAP TRAINING**  
**ALCOHOL REQUEST FORM**



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 DAYS OF WEEK TO CONTACT THIS PERSON
THAT PERSONS PHONE NUMBER (IF DIFFERENT FROM AGENCY)

FAX OR MAIL THIS COMPLETED FORM TO:

NOTES: Requests must be made through the Division Training Coordinator.  
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  
INVESTIGATIVE UNIT  
ATTN: TRAINING COORDINATOR  
1970 WEST BROAD STREET, ROOM 429  
COLUMBUS, OHIO 43223  
**FAX: (614) 644-2463**  
PHONE: (614) 644-2415