



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL



A Component of the Ohio State Highway Patrol

## SFST TRAINING ALCOHOL REQUEST

LAW ENFORCEMENT AGENCY		REQUEST DATE
REQUESTING OFFICER	REQUESTING OFFICER E-MAIL	
AGENCY ADDRESS		AGENCY PHONE #
CITY	STATE	ZIP

TRAINING DATES		
TRAINING LOCATION (IF DIFFERENT FROM AGENCY)		
TRAINING LOCATION ADDRESS (IF DIFFERENT FROM AGENCY)		
CITY	STATE	ZIP

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? _____	

AUTHORIZED PERSON TO PICK UP ALCOHOL	DATE OF PICK UP
BEST TIME(S) AND DAY(S) OF WEEK TO CONTACT THIS PERSON	
AUTHORIZED PERSON'S PHONE NUMBER	AUTHORIZED PERSON'S E-MAIL

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.

### SUBMIT COMPLETED FORM:

<b>By Mail:</b> Ohio Department of Public Safety Ohio Investigative Unit Attn: Central Office Evidence Custodian P.O. Box 182074 Columbus, Ohio 43218-2074	<b>By Fax:</b>  (614) 644-2463	<b>By E-mail:</b>  <a href="mailto:ADOIUCent@dps.ohio.gov">ADOIUCent@dps.ohio.gov</a>
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For questions or additional information call: (614) 644-2415