



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

**ALCOHOL & DRUG TESTING PROGRAM
REQUEST FOR TRAINING FORM**

**Complete One Form Per Student
(Please Type or Print – Must be Legible)**

Name: _____
(LAST) (FIRST) (MI)

I am a LAW ENFORCEMENT OFFICER **CERTIFIED** CORRECTIONS OFFICER

Special training needs? No Yes: _____
(EXPLAIN)

Agency Name: _____ County: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Authorizing Person's Name: _____

Agency E-Mail & Applicant's E-Mail: _____

Agency Phone: () _____ Agency FAX: () _____

Check Instrument Type: BAC DataMaster Intoxilyzer 5000
Intoxilyzer 8000 OH-5

Training Dates: _____

Training Location: _____

FAX COMPLETED FORM TO (614) 728-9179
or contact our office at (614) 644-4609 or by email at badt@odh.ohio.gov

Cancellation policy: If you are unable to attend, you must notify us at 614-644-4678 or fax to 614-728-9179 within 2 weeks of the class date. Failure to cancel may cause your department to be placed on a "standby" list for future training classes.

Illegible and/or incomplete forms will not be processed.