

# ALCOHOL & DRUG TESTING PROGRAM REQUEST FOR TRAINING FORM

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

Name: \_\_\_\_\_  
(LAST) and (MAIDEN IF APPLICABLE) (FIRST) (MI)

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

Special training needs? ☐ No ☐ Yes: \_\_\_\_\_  
(EXPLAIN)

Agency Name: \_\_\_\_\_ County: \_\_\_\_\_  
(CURRENT) and (PREVIOUS – IF APPLICABLE)

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 (Choose ONLY one)

Training Date(s): \_\_\_\_\_

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](mailto:badt@odh.ohio.gov)

Cancellation policy: If you are unable to attend, you must notify us at 614-644-4609 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.