

OHIO SPECIAL RESPONSE TEAM, INC.
REGISTRATION FOR TRAINING

DATE:	PIN:	
NAME:		
<i>Last</i>	<i>First</i>	<i>MI</i>
HOME ADDRESS:		
<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
CONTACT NUMBERS:		
<i>Home</i>	<i>Cell</i>	<i>E-mail</i>
COURSE#:	COURSE NAME:	
COURSE DATES:		
LOCATION:		
INSTRUCTOR:		
I commit to attend all class sessions in the series. I understand that missing class could result in failure and/or the need to repeat missed session(s) or the entire course, and that such decision will be made by OSRT command.		
<i>Applicant Signature: //s//</i>		<i>Date:</i>
Disclaimer: The fact that an applicant might meet all requirements given in this application, it shall not be considered to confer any right or privilege of acceptance. These requirements are a minimum only and all applicants are subject to possible rejection during the selection and approval process. All applicants may not be accepted if their background, history, and/or behavior may be disruptive and/or detrimental to the smooth operation pursuant of the training activity.		
Remarks:		
OSRT Use Only:		
<input type="checkbox"/> Accepted	Hours:	
<input type="checkbox"/> Not accepted (reason must be stated)		
Administrative Section Chief (printed name, signature & date)		