OHIO SPECIAL RESPONSE TEAM, INC.
REGISTRATION FOR TRAINING

DATE: PIN:

NAME:
    Last   *First*   *MI*

HOME ADDRESS:
    Street   *City*   *State*   *Zip*

CONTACT NUMBERS:
    Home   *Cell*   *E-mail*

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.

Applicant Signature: //s//   *Date:*

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:

❑ Accepted   Hours:

❑ Not accepted (reason must be stated)

Administrative Section Chief (printed name, signature & date)