



STATE OF OKLAHOMA
DEPARTMENT OF PUBLIC SAFETY
WRECKER SERVICES ADMINISTRATIVE OFFICE

Request to Post to Wrecker Services Training Calendar

Date

Course name

Course number

Trainer name

Email address

Phone number

Registration fee

I am scheduled to teach the above course on _____ from _____ to _____ at _____
(Date) (Start Time) (End Time)

(Location: street address, city, state, zip code)

I am requesting this course be posted to the Wrecker Services Training Calendar.

Class is closed to additional enrollment.

Enrollment is open. I am attaching an enrollment form that provides the student with the Course Name and Number, date, time, and location of the course, and the enrollment fee (if any) information.

Number of Continuing Education hours

For DPS Use Only

FOR DPS USE ONLY:

DATE REQUEST RECEIVED: _____ DATE APPROVED: _____ DATE POSTED: _____

DPS REPRESENTATIVE _____
