



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

REQUEST FOR REISSUED CERTIFICATE

Not to be used for Private Security Basic Training Certificates

Reissued certificates may be obtained by completing and mailing this application, along with a money order or certified check in the amount of \$15.00 per certificate requested, payable to the Ohio Peace Officer Training Commission (OPOTC). Requests submitted without payment will not be processed. Mail to:

OHIO PEACE OFFICER TRAINING COMMISSION
P. O. Box 309
London, OH 43140

Certificate(s) Requested (check all that apply):

BASIC TRAINING:

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult Parole Authority Basic Training | <input type="checkbox"/> Corrections Basic Training | <input type="checkbox"/> Peace Officer Basic Training |
| <input type="checkbox"/> Bailiff Basic Training | <input type="checkbox"/> Jailer Basic Training | <input type="checkbox"/> Probation Officer Basic Training |
| <input type="checkbox"/> Canine Unit | | |

Name of Academy Attended: _____

Dates Attended: From _____ To _____

INSTRUCTOR: *(Do not use this form when applying to be an instructor or for renewal of instructor certificate.)*

- | | |
|---|--|
| <input type="checkbox"/> Adult Parole Authority Basic Unit Instructor | <input type="checkbox"/> Jailer Basic Unit Instructor |
| <input type="checkbox"/> Bailiff Basic Unit Instructor | <input type="checkbox"/> Jailer Basic Special Subject Instructor |
| <input type="checkbox"/> Bailiff Basic Special Subject Instructor | <input type="checkbox"/> Peace Officer Basic Unit Instructor |
| <input type="checkbox"/> Canine Evaluator | <input type="checkbox"/> Peace Officer Basic Special Subject Instructor |
| <input type="checkbox"/> Corrections Basic Unit Instructor | <input type="checkbox"/> Private Security Basic Unit Instructor |
| <input type="checkbox"/> Corrections Basic Special Subject Instructor | <input type="checkbox"/> Private Security Basic Special Topic Instructor |
| <input type="checkbox"/> Firearms Re-qualification Instructor | |

COMMANDER/ADMINISTRATOR:

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult Parole Authority Basic Training | <input type="checkbox"/> Corrections Basic Training | <input type="checkbox"/> Peace Officer Basic Training |
| <input type="checkbox"/> Bailiff Basic Training | <input type="checkbox"/> Jailer Basic Training | <input type="checkbox"/> Probation Officer Basic Training |
| <input type="checkbox"/> Private Security Training | | |

ADVANCED TRAINING COURSE

Name of Course Attended: _____

Dates Attended: From _____ To _____

All information must be typed or printed.

Full Name: _____ Previous Name(s) Used/Alias: _____

SSN: _____ Date of Birth: _____ Daytime Phone Number: _____

Home Mailing Address: _____
Street P.O. Box City State Zip Code

Email: _____

Certified Check/Money Order #

Amount Enclosed

Signature

Date

OPOTC USE ONLY

Certificate #: _____ Date Reissued: _____ Admin. Professional: _____ Date: _____