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

UPDATE TRAINING EVALUATION INFORMATION
OHIO 5-DAY AND 12-HOUR FACILITY JAILER CERTIFICATION

NAME:_____ DATE: _____

ADDRESS:_____ PHONE: (_____)_____

CITY/STATE:_____ ZIP CODE: _____ DOB: _____

COUNTY:_____ SSN: _____

CORRECTIONS/JAILER SCHOOL
ATTENDED: _____ DATE:_____

CERTIFICATE NUMBER:_____ DATE ISSUED: _____

****

Complete the following jail assignment history beginning with the original jail assignment held at the time of attending the initial Jailer Training. List agency, phone number, and exact dates of jail assignments.

****

Jail Facility: _____

Dates of jail assignment-From:_____To:_____

Phone: (_____)_____

****

Jail Facility: _____

Dates of jail assignment-From:_____To:_____

Phone: (_____)_____

****

Jail Facility: _____

Dates of jail assignment-From:_____To:_____

Phone: (_____)_____

****

FOR OPOTC USE ONLY

CORRECTION OFFICER/JAILER CERTIFICATION VERIFIED BY_____ON_____

CERTIFICATE NUMBER _____ISSUED ON _____

NO RECORD FOUND _____

THIS SECTION TO BE COMPLETED BY THE REQUESTING INDIVIDUAL AND THE REQUESTING OFFICIAL IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS.

This is to certify that the information set forth in this form is true and accurate to the best of my knowledge. All requested information has been researched for accuracy and, where applicable or necessary, documentation has been attached for purposes of verification and/or explanation. It is understood that, should any of the provided information be discovered inaccurate, it will void the determination made from this request. Further, it is also understood that submission of false information submitted to a governmental organization in pursuit of certification is a violation of section 2921.13 of the Ohio Revised Code.

_____ SIGNATURE OF REQUESTING INDIVIDUAL	_____ NAME OF REQUESTING AGENCY
_____ SIGNATURE OF REQUESTING OFFICIAL	_____ MAILING ADDRESS OF REQUESTING OFFICIAL
_____ TYPED NAME OF REQUESTING OFFICIAL	_____ MAILING ADDRESS (continued)
	(_____)_____ DAYTIME PHONE NUMBER

Subscribed and duly sworn before me according to law, by the above-named individual this _____ day of _____, 20____ at_____ in the county of _____ and the State of Ohio.

Signature of Notary/Authorized Official_____ (place notarial seal here)

Official Title_____

Commission Expiration Date _____