MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★

Ohio Peace Officer Training Commission
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Application for Renewal of Bailiff Basic UNIT Instructor Certificate

Name _____ _____ _____
First Middle Last

SSN_____ DOB _____ Male ____ Female ____

Mailing
Address _____
#/Street/P.O. Box

_____ _____ _____ _____
City State Zip Code County

Phone: Residence (_____)_____ Daytime (_____)_____

Cell (_____)_____ FAX (_____)_____

Email _____
NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

Certificate Number _____ Expiration Date _____

☐ At times we receive requests for information on instructors approved to teach a particular topic. By checking this box, you are authorizing OPOTC staff to release information about your instructor certification which would allow others to contact you in their efforts to find an instructor.

☐ I authorize the OPOTC to place my firearms instructor information on the publicly accessible web site for Concealed Carry Weapon instructor purposes. My home phone number may be used: ___Yes ___No
If no, other: _____

Instructors certified by unit shall renew their certificate every 3 years. At least **60 days and no more than 90 days** before expiration of the certificate, the instructor shall file with the Executive Director, an application for renewal on a form supplied by the Executive Director. The instructor shall at the same time file:

1. Written evidence documenting that the instructor has successfully completed within the past three years, a minimum of twelve (12) clock hours of training in topics related to the bailiff basic training program.

2. Written evidence from the school commander that the instructor has taught in at least one OPOTC-approved bailiff basic training school for a minimum total of twelve (12) teaching hours within the past three years.

1. Training in topics related to the Bailiff Basic Training (Attach written evidence.)

Educational/Training Facility	Course Title	Date	Number of Clock Hrs

2. Taught in the following school(s) (Attach written evidence)

Name of School & Number	School Commander	Date(s) Taught	No. of Hours Taught

3. Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude? ___Yes ___No If yes, include a detailed summary.

_____

_____

_____

MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

_____ _____
Signature Date

Subscribed and sworn personally before me by the above-named Affiant, this _____ day of _____ , 20____ , at _____, in the County of _____, and State of Ohio.

_____
Printed name of Notary

(Seal)

_____
Signature of Notary

_____
Date notary commission expires

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED