



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

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

Application for Renewal of Peace Officer's Basic UNIT Instructor Certificate

(Type or pr	int clearly)			
Name _				
	First	Middle	Last	
SSN		DOB	Male _	Female
Mailing Address	#/Street/P.O. Box			
	#/Succe/1.O. Box			
	City	State	Zip Code	County
Phone:	Residence ()_		Daytime ()	
	Cell ()		FAX ()	
Email _		be used for OPOTC/OPOTA business		
NO	TE: This email address will b	be used for OPOTC/OPOTA business	-related communications, some	of which may be time sensitive.
Certifica	ate Number	Expiration I	Date	
box, you	are authorizing OPOT	for information on instructors C staff to release information orts to find an instructor.		
Conceale	d Carry Weapon instru	place my firearms instructor ctor purposes. My home phor	e number may be used: _	
certifica the instr	te every 3 years. At luctor shall file with t	Chapter 109:2-1-06(C): least 60 days and no more he Executive Director, an a ructor shall at the same time	than 90 days before examplication for renewal	xpiration of the certificate,

- 1. Written evidence from the educational or training facility where the instructor received training documenting that the instructor has successfully completed within the past three years, a minimum of twenty-four (24) clock hours of training in topics related to the basic training curriculum.
- 2. Written evidence from the school commander or administrator that the instructor has **taught in** two approved peace officer basic training schools for a minimum total of twenty-four (24) teaching hours within the past three years.

	aining to upgrade instruction al/Training Facility	Course Title	<u>Date</u>	Number of <u>Clock Hrs</u>
atte	ught in the following school esting to school name and lendar.)			
Name of So	chool & Number	Date(s) Taught	Topic No. <u>Taught</u>	No. of Hours <u>Taught</u>
	eve you ever been investiga	•		of veracity or of
	oral turpitude?Yes _	No II yes, include	a detailed summary.	
<u>MUST</u> 2	APPEAR <u>IN PERSON</u> BEF	ORE A NOTARY TO COM	PLETE THE FOLLOW	ING AFFIDAVIT
I declare ur	nder the penalty of perjury	${f AFFIDAVIT}$ that the information in this	s Application is true and	d correct to the best
of my know	vledge.			
Signature		Date		
	and sworn personally before a	me by the above-named Affi at, i		
and State of	Ohio.		·	
			Printed name of Notary	
	(Seal)		Signature of Notary	
			Date notary commission ex	pires

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED