



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
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FIREARMS REQUALIFICATION INSTRUCTOR APPLICATION FOR ADDITIONAL WEAPONS

This form may be emailed to: OPOTC.Instructors@OhioAttorneyGeneral.gov

Name _____
First Middle Last

SSN _____ DOB _____ Male _____ Female _____

Previous Name(s) or Alias _____

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.

Agency: _____
Name County

Current Requalification Number: _____ Expiration Date: _____

I request that the following weapons be added to my current firearms requalification instructor certification:

Documentation must be attached or application will be returned

<u>Weapon Classification</u>	<u>Name Of Agency/School Attended</u>	<u>Dates Of Attendance</u>
____ 1-1 Revolver	_____	_____
____ 1-2 Semiauto Pistol	_____	_____
____ 1-3 Shotgun	_____	_____
____ 1-4 Police Rifle Carbine	_____	_____
____ 1-5 Submachine Gun	_____	_____
____ 1-6 Scope-Sighted Rifle	_____	_____

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: _____

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.

Name Of Applicant - Printed Signature Of Applicant Date

FOR OPOTC USE ONLY
Approved By: _____
Approval Date: _____