MIKE DEWINE
OHIO ATTORNEY GENERAL

Ohio Peace Officer Training Commission
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NOTICE OF PEACE OFFICER APPOINTMENT

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION

1. Name (Last) (First) (Middle)		2. Social Security Number
3. Alias (Last) (First) (Middle)		
4. Birth date (mm/dd/yyyy)	5. Email Address	6. Phone Number
7. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name)		
8. Basic Training Academy (Academy Name) (Academy Number) (Dates of Training) (Only complete if this is the officer's first appointment or OSP)		

AGENCY INFORMATION

9. Agency Name	
10. Agency Email Address	11. Agency Phone Number
12. Agency Mailing Address (#/Street/PO Box) (City) (Zip Code) (County Name)	

APPOINTMENT INFORMATION

(*Complete Date, Status and ORC*)

13. New Appointment Date / /

14. Status Change Date / /

15. Select New Status ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal

16. Select New ORC

____ City Full-Time/Part-Time (737.02)	____ City Auxiliary/Reserve/Special (737.051)	____ City Chief (737.02)
____ Village Full-Time/Part-Time/Special (737.16)	____ Village Auxiliary/Reserve (737.161)	____ Village Chief (737.15)
____ Township Police Officer (505.49)	____ Township Constable (509.01)	____ Other Chief - List ORC/Charter _____
____ Other - List ORC/Charter _____	____ Deputy Sheriff (311.04)	____ Sheriff (311.01)

ATTESTATION OF REPORTING AUTHORITY

I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.

17. Signature of Reporting Authority	18. Name and Title	19. Date / /

NOTARY

Sworn to and subscribed before me this _____day of _____, 20____ in the county of _____, Ohio.

_____ My commission expires_____.

Signature of Notary

Affix Seal Here

This form may be emailed to: SF400@ohioattorneygeneral.gov

Officer Name (Last) (First) (Middle) Social Security Number

_____

20. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

_____ Signature of Appointee

_____ Name of Appointing Authority (Typed or Printed Legibly)

_____ Signature of Appointing Authority

_____ Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

21. Appointed By (Agency Name and County):	22. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /
23. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal	

24. Appointed By (Agency Name and County):	25. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /
26. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal	

27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal	

30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal	

33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal	

36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal	

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