MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★

OHIO ATTORNEY GENERAL
PEACE OFFICER TRAINING COMMISSION

Ohio Peace Officer Training Commission
Office 800-346-7682
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P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

Application for Renewal of Adult Parole Authority
Basic Handgun Training 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 from the educational or training facility where the instructor received the training that the instructor has successfully completed a minimum of 15 clock hours of training to upgrade his/her instructional ability; and

(2) Written evidence from the school commander that the instructor has taught in two approved courses within the past 3 years. NOTE: Instruction must have been provided in an approved topic for which the certificate is issued.

1. Training pertinent to firearms training. (Attach written evidence/copy of certificate.)

Educational/Training Facility	Course Title	Date/Clock Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Taught in the following two Commission-approved handgun training programs (Attach written evidence from school commander.)

Name of School	School Commander	Dates of Training Program
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

_____

_____

_____

<u>MUST</u> APPEAR <u>IN PERSON</u> 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