



MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★



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

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

REQUEST FOR PRIOR EQUIVALENT FIREARMS TRAINING ANALYSIS FOR ARMED BAILIFFS OR DEPUTY BAILIFFS

NAME: _____ SSN: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

DAYTIME PHONE: _____ FAX: _____

EMAIL: _____

EMPLOYING AGENCY: _____

DEPARTMENT ADDRESS: _____

NUMBER/STREET/PO BOX

CITY

STATE

ZIP

INCOMPLETE FORMS WITHOUT SUPPORTING DOCUMENTATION WILL BE RETURNED, NOT PROCESSED.

1. Date of appointment as an armed bailiff: _____

2. OPOTC-approved firearms training program attended or peace officer training school successfully completed prior to being appointed: _____

From: _____ To: _____ School Number: _____ Certificate Number: _____

School Address: _____

Phone: (_____) _____

ATTACH COPY OF CERTIFICATE OF TRAINING.

3. Date of most recent handgun requalification: _____

Weapon type (model, action): _____
(Must be same as official duty weapon)

Conducted by (instructor): _____
Name Certificate Number Expiration Date

Conducted at (agency): _____

ATTACH COPY OF SCORE SHEET OR OTHER VERIFICATION OF SUCCESSFUL REQUALIFICATION.

4. For other prior equivalent training credit toward course training hours, course must have been given by an accrediting agency. Attach documentation of course curriculum to include hours, subject matter, instructor qualification, and final student evaluation.

5. I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.

Signature Printed Name (First, Middle, & Last Name) Date

Witness Signature Witness Printed Name (First, Middle, & Last Name) Date