MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★

Ohio Peace Officer Training Commission
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PRIOR TRAINING EVALUATION
FOR ARMED BAILIFFS OR DEPUTY BAILIFFS

Name:_____Date: _____

SSN:_____DOB:_____County: _____

Address: _____
Street City State Zip

Daytime Phone: _____FAX:_____E-Mail: _____

****

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

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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 re-qualification: _____

   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 RE-QUALIFICATION.

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. THIS SECTION TO BE COMPLETED BY THE REQUESTING INDIVIDUAL IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER PERSON AUTHORIZED FOR THIS PURPOSE.

This is to certify that the information set forth in this form is true and accurate to the best of my knowledge. All requested information has been researched for accuracy and, where applicable or necessary, documentation has been attached for purposes of verification and/or explanation. It is acknowledged that, should any of the provided information be discovered inaccurate, it will cause the determination made from this request to be voided. Further, it is acknowledged that submission of false information submitted to a governmental organization in pursuit of certification is a violation of section 2921.13 of the Ohio Revised Code.

_____
Signature of Requesting Individual

_____
Appointing Agency

_____
Mailing Address

_____
Daytime Phone Fax Number

Subscribed and duly sworn before me according to law by the above-named individual the _____ day

of _____, 20_____ at _____in the

county of _____ and State of _____.

Signature of Notary/Authorized Official _____

Official Title _____

Commission Expiration Date _____