



# 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 REISSUED CERTIFICATE

Not to be used for Private Security Basic Training Certificates

Reissued certificates may be obtained by completing and mailing this application, along with a money order or certified check in the amount of \$15.00 per certificate requested, payable to the Ohio Peace Officer Training Commission (OPOTC). Requests submitted without payment will not be processed. Mail to:

OHIO PEACE OFFICER TRAINING COMMISSION  
P. O. Box 309  
London, OH 43140

### Certificate(s) Requested (check all that apply):

#### BASIC TRAINING:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adult Parole Authority Basic Training | <input type="checkbox"/> Corrections Basic Training | <input type="checkbox"/> Peace Officer Basic Training     |
| <input type="checkbox"/> Bailiff Basic Training                | <input type="checkbox"/> Jailer Basic Training      | <input type="checkbox"/> Probation Officer Basic Training |
| <input type="checkbox"/> Canine Unit                           |   |   |

Name of Academy Attended: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_

#### INSTRUCTOR: *(Do not use this form when applying to be an instructor or for renewal of instructor certificate.)*

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Parole Authority Basic Unit Instructor | <input type="checkbox"/> Jailer Basic Unit Instructor                    |
| <input type="checkbox"/> Bailiff Basic Unit Instructor                | <input type="checkbox"/> Jailer Basic Special Subject Instructor         |
| <input type="checkbox"/> Bailiff Basic Special Subject Instructor     | <input type="checkbox"/> Peace Officer Basic Unit Instructor             |
| <input type="checkbox"/> Canine Evaluator                             | <input type="checkbox"/> Peace Officer Basic Special Subject Instructor  |
| <input type="checkbox"/> Corrections Basic Unit Instructor            | <input type="checkbox"/> Private Security Basic Unit Instructor          |
| <input type="checkbox"/> Corrections Basic Special Subject Instructor | <input type="checkbox"/> Private Security Basic Special Topic Instructor |
| <input type="checkbox"/> Firearms Re-qualification Instructor         |  |

#### COMMANDER/ADMINISTRATOR:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adult Parole Authority Basic Training | <input type="checkbox"/> Corrections Basic Training | <input type="checkbox"/> Peace Officer Basic Training     |
| <input type="checkbox"/> Bailiff Basic Training                | <input type="checkbox"/> Jailer Basic Training      | <input type="checkbox"/> Probation Officer Basic Training |

#### ADVANCED TRAINING COURSE

Name of Course Attended: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_

All information must be typed or printed.

Full Name: \_\_\_\_\_ Previous Name(s) Used/Alias: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
Street P.O. Box City State Zip Code

Email: \_\_\_\_\_

#### OPOTC USE ONLY

Certificate #: \_\_\_\_\_ Date Reissued: \_\_\_\_\_ Word Processor: \_\_\_\_\_ Date: \_\_\_\_\_