



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
740-845-2700
800-346-7682
Fax 740-845-2675

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

AUTHORIZATION FOR PAROLE OFFICER TO CARRY A FIREARM

This is to certify that _____ is an employee of
Please Print Name

the Division of Parole and Community Services, Adult Parole Authority, serving in the capacity of

Parole Officer, and as such carries a firearm and must successfully complete an Ohio Peace Officer Training Commission approved firearm training program pursuant to ORC Section 5149.05.

Signature of Parole Officer Supervisor

Typed/Printed Name of Parole Officer Supervisor

Subscribed and duly sworn before me according to law by the above-named individual this _____ day of _____, 20____, at _____ in the county of _____ and State of Ohio.

Signature of Notary/Authorized Official _____
(Place notarial seal below)

Official Title _____

Commission Expiration Date _____