



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
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FIREARMS RE-QUALIFICATION INSTRUCTOR APPLICATION FOR ADDITIONAL WEAPONS

Name _____
First Middle Last

SSN _____ DOB _____ Male _____ Female _____

Mailing Address _____
#/Street/P.O. Box City State Zip Code

County: Residence _____ School _____

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.

Agency: _____

Current Re-Qualification Number: _____ Expiration Date: _____

I request that the following weapons be added to my current firearms re-qualification instructor certification:

Documentation must be attached or application will be returned

<u>Weapon Classification</u>	<u>Name Of Agency/School Attended</u>	<u>Dates Of Attendance</u>
_____ 1-1 Revolver	_____	_____
_____ 1-2 Semiauto Pistol	_____	_____
_____ 1-3 Shotgun	_____	_____
_____ 1-4 Police Rifle Carbine	_____	_____
_____ 1-5 Submachine Gun	_____	_____
_____ 1-6 Scope-Sighted Rifle	_____	_____

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: _____

Name Of Applicant - Printed

Signature Of Applicant

Date

FOR OPOTC USE ONLY
Approved By: _____
Approval Date: _____