



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
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APPLICATION FOR RENEWAL OF PRIVATE SECURITY COMMANDER CERTIFICATION

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.

Certification: () Academic Training Check one: () Adult Program or () H.S./JVS Program
() Firearms and Requalification Only

OPOTC Commander Certification Number: _____ Expiration Date: _____

NOTE: It is the responsibility of each commander to ensure his/her certificate is current.

Ohio Administrative Code, Chapter 109:2-3-04(F) provides that Private Security Commanders shall renew his/her certificate every three (3) years. Requests for renewal should be filed at least **60 days and no more than 90 days** before the expiration of the certificate.

Renewal requirements shall be as follows:

1. Written evidence that at least two courses within the last three years has been conducted;

Conducted the following courses: (Attach written evidence, copy course closing letter)

NAME OF SCHOOL	COURSE NUMBER	DATES OF COURSE
_____	_____	_____
_____	_____	_____

2. Attend at least one private security commander conference conducted by the Commission. In the event a commander conference has not been held within the three years, this requirement will be suspended for the affected renewal. Should the commission conduct only one conference within the period of certification but the individual fails to attend, this requirement can be met by completing another orientation program, as conducted by commission staff.

Private security commander conference attended: (Attach copy of private security commander conference certificate or documentation from commission staff of orientation)

CONFERENCE LOCATION	DATE ATTENDED
_____	_____

ATTEST

I certify the information contained in this Application is true and correct to the best of my knowledge. I understand this Application is made with purpose to secure issuance of a commander certificate by a governmental agency. I understand the certification requested may, for good cause shown, be withdrawn, canceled, or revoked by the Executive Director of the Ohio Peace Officer Training Commission.

YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED OFFICIAL.

SIGNATURE OF APPLICANT _____

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____, 20 ____ at _____ County of _____ and State of _____.

Signature of Notary _____

Official Title _____

My commission expires _____

(SEAL)