



# MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
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## APPLICATION FOR RENEWAL OF LAW ENFORCEMENT FIREARMS RE-QUALIFICATION INSTRUCTOR CERTIFICATE

Name \_\_\_\_\_  
First Middle Last

SSN \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

County: \_\_\_\_\_

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.

Years of Law Enforcement Experience \_\_\_\_\_ Agency \_\_\_\_\_ From/To \_\_\_\_\_

Agency \_\_\_\_\_ From/To \_\_\_\_\_

Certificate Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Final

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: \_\_\_\_\_

Ohio Administrative Code, Chapter 109:2-13-04(D) indicates instructors shall renew their certificate every three years. At least sixty (60) and no more than ninety (90) days before expiration of the certificate, the instructor shall file an application for renewal on a form supplied by the executive director. The instructor shall at the same time file:

- (1) Documentation indicating the instructor has conducted at least two approved firearms requalification programs within the three year renewal period.

<b>FOR OPOTC USE ONLY</b>
Approved By: _____
Approval Date: _____

(2) I taught the following two Re-qualification Programs within my three year renewal cycle. **[Attach documentation of verification; i.e., letter from chief executive officer or rangemaster; copy of Proficiency Record showing date and signature of instructor.]**

Name of Agency Requalified per ORC 109.801

Date of Re-qualification

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that this application is made with the intent to secure issuance of an instructional certificate from a governmental agency, and that falsified information provided in pursuit of such certification is a violation of Section 2921.13 of the Ohio Revised Code. I understand the certification requested may, with proper cause, be denied, withdrawn, canceled or revoked by the issuing agency in accordance with Section 119 of the Ohio Revised Code and Chapter 109:2-13 of the Ohio Administrative Code.

I have not been convicted of a felony.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

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 \_\_\_\_\_

{Place notarial seal below}

Commission Expiration Date \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**