



Ohio Peace Officer Training Commission State Certification Examination Student Roster

FAX TO: OPOTC TESTING COORDINATOR – 866-393-1275

SCHOOL NAME: _____ SCHOOL #: (Include prefix) _____

SCHOOL COMMANDER: _____ NUMBER OF STUDENTS: _____

DATE OF EXAMINATION: _____ LOCATION: _____

*List *alphabetically* by last name those students who are eligible to test.

OPOTC Use Only	*LAST NAME	FIRST NAME	M.I.	SSN #	D.O.B. (mm/dd/yy)	EMPLOYING AGENCY
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
	13.					
	14.					
	15.					
	16.					
	17.					
	18.					
	19.					
	20.					

School Commander Signature

Date

Field Agent Signature

Date

State Certification Examination Student Roster

OPOTC Use Only	*LAST NAME	FIRST NAME	M.I.	SSN #	D.O.B. (mm/dd/yy)	EMPLOYING AGENCY
	21.					
	22.					
	23.					
	24.					
	25.					
	26.					
	27.					
	28.					
	29.					
	30.					
	31.					
	32.					
	33.					
	34.					
	35.					
	36.					
	37.					
	38.					
	39.					
	40.					

STUDENTS TAKING PLUG-IN COURSE/EXAM

	1.					
	2.					
	3.					
	4.					

School Commander Signature

Date

Field Agent Signature

Date