



APPLICATION FOR ADULT PAROLE AUTHORITY
BASIC HANDGUN TRAINING SCHOOL
COMMANDER CERTIFICATION

I. PERSONAL DATA

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.

School Name _____

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

II. EMPLOYMENT HISTORY (FULL TIME ONLY) – Minimum of 7 Years Law Enforcement

<u>Department</u>	<u>Employment Dates</u>	<u>Highest Rank Obtained</u>
_____	From ____/____/____ To ____/____/____	_____
_____	From ____/____/____ To ____/____/____	_____

Supervisory Experience (Full Time Only) – Minimum of 2 Years Law Enforcement Supervisor

Department _____	Rank _____	From ____/____/____	To ____/____/____
Department _____	Rank _____	From ____/____/____	To ____/____/____

III. TRAINING/EDUCATION

Basic School Information

Name of School _____ From ____/____/____ To ____/____/____

Peace Officer/Adult Parole Authority Certification Number (attach copy of certificate) _____

APA School Commander's Application

Secondary Education Information

High School Attended _____ City & State _____

Date of Graduation or Date of Receipt of GED ____/____/____ (Circle Graduation or GED, whichever is applicable.)

College/University Information – **Minimum of 90 Quarter Hours or 60 Semester Hours**

Institution Attended _____ City & State _____

Course of Study/Major _____ Dates Attended: From ____/____/____ To ____/____/____

Diploma/Degree Awarded (if applicable) _____ Date ____/____/____
(Attach Copy of Degree/Diploma)

If no degree, number of quarter hours _____ semester hours _____ attended.
(Attach Copy of Transcript from College/University showing number of hours attended)

IV. PROFESSIONAL REFERENCES

<u>Name</u>	<u>Rank</u>	<u>Department</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Attach letters of reference from the above-named individuals. These must accompany application.

V. ATTEST

I have not been convicted nor are there any pending charges for a felony, crime of moral turpitude, or a firearms disability per ORC 2923. 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 purpose to secure issuance of a commander's certificate by a governmental agency. I understand the certification requested may, with proper cause, be withdrawn, canceled or revoked by the issuing agency.

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

SIGNATURE OF APPLICANT _____

SUBSCRIBED AND SWORN BEFORE ME ACCORDING TO LAW, BY THE ABOVE NAMED APPLICANT THIS ____ DAY OF _____, 20__

AT _____ IN THE COUNTY OF _____ AND THE STATE OF OHIO.

SIGNATURE OF NOTARY PUBLIC _____ (AFFIX SEAL BELOW)

OFFICIAL TITLE _____

MY COMMISSION EXPIRES _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED