



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
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P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

REQUEST FOR AMENDMENT OF INSTRUCTOR CERTIFICATION

Date _____

To: Certification Officer
P. O. Box 309
London, OH 43140

I request amendment be approved for:

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.

Certificate Number _____ Expiration Date _____

For the following units/topics:

Documentation of training/experience is attached.

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: _____

Please return your approval/denial to:

Name: _____

Address: _____

Daytime Phone: _____ Email: _____

School Commander Signature: _____ Commander # _____

Name of School: _____