



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
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Application for Renewal of Adult Parole Authority Basic Handgun Training Instructor Certificate

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 _____

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: _____

Instructors certified by unit shall renew their certificate every 3 years. At least 60 days before expiration of the certificate, the instructor shall file with the Executive Director, an application for renewal on a form supplied by the Executive Director. He/she shall at the same time file:

- (1) Written evidence from the educational or training facility where he/she received the training that he/she has successfully completed a minimum of 15 clock hours of training to upgrade his/her instructional ability; and
- (2) Written evidence from the school commander that he/she has taught in two approved schools within the past 3 years. NOTE: Instruction must have been provided in an approved topic for which the certificate is issued.

1. Training pertinent to firearms training. (Attach written evidence/copy of certificate.)

Educational/Training Facility	Course Title	Date/Clock Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Taught in the following two Commission-approved handgun training programs (Attach written evidence from school commander.)

Name of School	School Commander	Dates of Training Program
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATTEST

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

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 purpose to secure issuance of an instructional certificate by a governmental agency. I understand the certification requested may, with proper cause, be withdrawn, canceled or revoked by the issuing agency.

I have not been convicted of a felony or crime of moral turpitude.

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 Official _____

Official Title _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED