



**PRIOR TRAINING EVALUATION
 FOR ARMED BAILIFFS OR DEPUTY BAILIFFS**

Name: _____ Date: _____

SSN: _____ DOB: _____ County: _____

Address: _____
Street City State Zip

Daytime Phone: _____ FAX: _____ E-Mail: _____

INCOMPLETE FORMS WITHOUT SUPPORTING DOCUMENTATION WILL BE RETURNED, NOT PROCESSED.

1. Date of appointment as an armed bailiff: _____

2. OPOTC-approved firearms training program attended or peace officer training school successfully completed prior to being appointed: _____

From: _____ To: _____ School Number: _____ Certificate Number: _____

School Address: _____

Phone: (_____) _____

ATTACH COPY OF CERTIFICATE OF TRAINING.

3. Date of most recent handgun re-qualification: _____

Weapon type (model, action): _____
(Must be same as official duty weapon)

Conducted by (instructor): _____
Name Certificate Number Expiration Date

Conducted at (agency): _____

ATTACH COPY OF SCORE SHEET OR OTHER VERIFICATION OF SUCCESSFUL RE-QUALIFICATION.

4. For other prior equivalent training credit toward course training hours, course must have been given by an accrediting agency. Attach documentation of course curriculum to include hours, subject matter, instructor qualification, and final student evaluation.

5. THIS SECTION TO BE COMPLETED BY THE REQUESTING INDIVIDUAL IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER PERSON AUTHORIZED FOR THIS PURPOSE.

This is to certify that the information set forth in this form is true and accurate to the best of my knowledge. All requested information has been researched for accuracy and, where applicable or necessary, documentation has been attached for purposes of verification and/or explanation. It is acknowledged that, should any of the provided information be discovered inaccurate, it will cause the determination made from this request to be voided. Further, it is acknowledged that submission of false information submitted to a governmental organization in pursuit of certification is a violation of section 2921.13 of the Ohio Revised Code.

Signature of Requesting Individual

Appointing Agency

Mailing Address

Daytime Phone

Fax Number

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 _____

Commission Expiration Date _____