



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
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## NOTICE OF PEACE OFFICER APPOINTMENT

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 for a New Appointment. A new appointment occurs when an officer is first sworn into your agency, or has previously left the agency and returns.
4. Submit only page 1 for a Status Change. A status change occurs when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

<b>OFFICER INFORMATION</b>	1. Name (Last) (First) (Middle)		2. Social Security Number
	3. Alias (Last) (First) (Middle)		
4. Birth date (mm/dd/yyyy)	5. Email Address		6. Phone Number
7. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name)			
8. Basic Training Academy (Academy Name) (Academy Number) (Dates of Training) (Only complete if this is the officer's first appointment or OSP)			

<b>AGENCY INFORMATION</b>	9. Agency Name		
	10. Agency Email Address		11. Agency Phone Number
	12. Agency Mailing Address (#/Street/PO Box) (City) (Zip Code) (County Name)		

<b>APPOINTMENT INFORMATION</b> <i>(Complete Date, Status and ORC)</i>	13. New Appointment Date / /		14. Status Change Date / /	
	15. Select New Status Full-Time    Part-Time    Auxiliary    Reserve    Special    Seasonal			
16. Select New ORC				
City/Municipality Full-Time/Part-Time (737.02)		City/Municipality Auxiliary/Reserve/Special (737.051)		City/Municipality Chief (737.02)
Village Full-Time/Part-Time/Special (737.16)		Village Auxiliary/Reserve (737.161)		Village Chief (737.15)
Township Police Officer (505.49)		Township Constable (509.01)		Other Chief - List ORC/Charter _____
Other - List ORC/Charter _____		Deputy Sheriff (311.04)		Sheriff (311)

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority		18. Name and Title	19. Date / /
<b>NOTARY</b>			
Sworn to and subscribed before me this _____ day of _____, 20____ in the county of _____, Ohio.			
_____ Signature of Notary			My commission expires _____ Affix Seal Here

Officer Name (Last)

(First)

(Middle)

Social Security Number

**20. OATH OF OFFICE**

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

\_\_\_\_\_  
Signature of Appointee

\_\_\_\_\_  
Name of Appointing Authority (Typed or Printed Legibly)

\_\_\_\_\_  
Signature of Appointing Authority

\_\_\_\_\_  
Title of Appointing Authority (Typed or Printed Legibly)

**OHIO PEACE OFFICER APPOINTMENT HISTORY**

*Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.*

21. Appointed By (Agency Name and County):

22. From(mm/dd/yyyy):

To(mm/dd/yyyy):

/ /

/ /

23. Appointment Status (Check Appropriate Box)

Full-Time

Part-Time

Auxiliary

Reserve

Special

Seasonal

24. Appointed By (Agency Name and County):

25. From(mm/dd/yyyy):

To(mm/dd/yyyy):

/ /

/ /

26. Appointment Status (Check Appropriate Box)

Full-Time

Part-Time

Auxiliary

Reserve

Special

Seasonal

27. Appointed By (Agency Name and County):

28. From(mm/dd/yyyy):

To(mm/dd/yyyy):

/ /

/ /

29. Appointment Status (Check Appropriate Box)

Full-Time

Part-Time

Auxiliary

Reserve

Special

Seasonal

30. Appointed By (Agency Name and County):

31. From(mm/dd/yyyy):

To(mm/dd/yyyy):

/ /

/ /

32. Appointment Status (Check Appropriate Box)

Full-Time

Part-Time

Auxiliary

Reserve

Special

Seasonal

33. Appointed By (Agency Name and County):

34. From(mm/dd/yyyy):

To(mm/dd/yyyy):

/ /

/ /

35. Appointment Status (Check Appropriate Box)

Full-Time

Part-Time

Auxiliary

Reserve

Special

Seasonal

36. Appointed By (Agency Name and County):

37. From(mm/dd/yyyy):

To(mm/dd/yyyy):

/ /

/ /

38. Appointment Status (Check Appropriate Box)

Full-Time

Part-Time

Auxiliary

Reserve

Special

Seasonal