



BAILIFF TRAINING PROGRAM UNIT INSTRUCTOR APPLICATION

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.

- 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: _____

II. HIGH SCHOOL DIPLOMA/GED (Circle One)

High School Name City State Date Received

III. LAW ENFORCEMENT OR BAILIFF EMPLOYMENT HISTORY-MINIMUM OF 5 YEARS

| <u>Agency Name/Address</u> | <u>Position</u> | <u>Dates (From - To)</u> |
|----------------------------|-----------------|--------------------------|
| | | |
| | | |
| | | |

IV. TRAINING PROGRAM TAKEN TO LEARN SPECIFIC KNOWLEDGE/SKILLS FOR TOPICS REQUESTED

| <u>Name of School/Course Attended</u> | <u>Dates Attended (Mo/Yr - Mo/Yr)</u> | <u>Number of Hours/Years</u> | <u>Certificate/Degree/Received</u> |
|---------------------------------------|---------------------------------------|------------------------------|------------------------------------|
| | | | |
| | | | |
| | | | |

NOTE: Copies of all listed certificates must be attached. Supplemental sheets showing all training received may be attached.



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



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**OHIO PEACE OFFICER TRAINING COMMISSION
BAILIFF/COURT OFFICER BASIC TRAINING CURRICULUM LIST
TO BE USED FOR INSTRUCTOR APPLICATION ONLY**

1. FIREARMS

Must Complete An OPOTC-Approved Firearms Instructor Training Course &
1-Day Firearm Instructor: Weapon Training & Requalification Course

- ___ 1. Handgun Training - Revolver
- ___ 2. Handgun Training – Semiautomatic Pistol

As of 02/03/2011