



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
Office 800-346-7682  
Fax 740-845-2675

P.O. Box 309  
London, OH 43140  
www.OhioAttorneyGeneral.gov

## FIREARMS SAFETY OFFICER APPLICATION

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.

Requesting School: \_\_\_\_\_

A. Is applicant an OPOTC firearms instructor certified for the program being conducted (Peace Officer Basic, Private Security, Probation Firearms, Adult Parole Authority or Bailiff Firearms)? If yes, please list instructor certificate number.

YES, Certificate Number: \_\_\_\_\_ NO \_\_\_\_\_

B. Is applicant an approved OPOTC Special Subject/Topic or Unit instructor certified for the program being conducted (Peace Officer Basic, Private Security, Probation Firearms, Adult Parole Authority or Bailiff), but not necessarily a firearms instructor? If yes, please list instructor certificate number.

YES, Certificate Number: \_\_\_\_\_ NO \_\_\_\_\_

\*List qualifications which give applicant sufficient knowledge of firearms.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Is applicant a Law Enforcement Officer who has completed OPOTC Peace Officer Basic Training or Ohio State Highway Patrol Recruit Training?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, complete the following:

a. Department's name and officer's title: \_\_\_\_\_

b. Academy/Training Facility attended: \_\_\_\_\_

c. Dates attended: \_\_\_\_\_

D. Has applicant completed an OPOTC-approved firearms safety program which provided sufficient knowledge to make the applicant familiar with safe range practices? If yes, explain program(s) attended and attach copies of certificates received.

YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_