



APPLICATION FOR BAILIFF/COURT OFFICER SCHOOL COMMANDER CERTIFICATION

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.

Department/Court Name: _____

School Name: _____

School Address _____
#/Street/P.O. Box City Zip Code

II. High School Graduate Or Possession Of A GED Certificate

High School Name _____ City _____ State _____ Date of Graduation/Receipt of GED _____

III. Two Years Experience As A Law Enforcement Officer Assigned To The Court Or As A Bailiff

<u>Court</u>	<u>Assignment Dates</u>	<u>Department</u>
_____	From ____/____/____ To ____/____/____	_____
_____	From ____/____/____ To ____/____/____	_____

IV. Training

A (1). Bailiff/Court Officer Basic Training School - Attach Copy of Certificate

Name of School _____ From ____/____/____ To ____/____/____

School/Course Number _____

and/or

A (2). Peace Officer Basic Training School - Attach Copy of Certificate

Name of School _____ From ____/____/____ To ____/____/____

School/Course Number _____

B. Instructor Training Program Approved by OPOTC Executive Director (Minimum of 40 clock-hours; attach certificate)

_____/_____/____ - ____/____/____ _____
Name/Address of School Attended Dates Attended # of Hours

V. Professional References From A Judge, Court Administrator, Prosecutor, Magistrate, Chief Of Police, Or Sheriff

- 1. _____
Name Title
- 2. _____
Name Title
- 3. _____
Name Title

Attach letters of reference from the above-named individuals. These must accompany application.

VI. Attestation (You must personally appear and affix your signature before a notary public.)

I have not been convicted nor are there any pending charges for a felony, a crime of moral turpitude, or a firearms disability per ORC 2923.

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 purpose to secure issuance of a commander's certificate by a governmental agency. I understand the certification requested may, with proper cause, be withdrawn, canceled or revoked by the issuing agency. I acknowledge that the submission of falsified records is a violation of section 2921.13 ORC.

SIGNATURE OF APPLICANT _____

SUBSCRIBED AND SWORN BEFORE ME ACCORDING TO LAW, BY THE ABOVE NAMED APPLICANT
THIS _____ DAY OF _____, 20____ AT _____ IN THE COUNTY
OF _____ AND THE STATE OF OHIO.

SIGNATURE OF NOTARY PUBLIC _____

(AFFIX SEAL BELOW)

OFFICIAL TITLE _____

MY COMMISSION EXPIRES _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED