



MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
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ADULT PAROLE AUTHORITY HANDGUN TRAINING PROGRAM 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 GRADUATE/GED (Circle One)

High School Name _____ City _____ State _____ Date Received _____

III. LAW ENFORCEMENT EMPLOYMENT HISTORY-MINIMUM OF 5 YEARS FULL TIME

Agency Name/Address	Position	Dates (From - To)

IV. HANDGUN INSTRUCTOR TRAINING (Attach Certificates)

Name of School Attended	Dates Attended (Mo/Yr - Mo/Yr)

V. COMPLETION OF COURSE TITLED "THE FIREARMS INSTRUCTOR: WEAPON TRAINING AND RE-QUALIFICATION" (Attach Certificate)

Name of School Attended	Dates Attended (Mo/Yr - Mo/Yr)

