



APPLICATION FOR FULL-SERVICE JAIL PERSONNEL TRAINING SCHOOL COMMANDER

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 Name: _____

School Name: _____

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

School Phone: (____) _____ School Fax: (____) _____

II. HIGH SCHOOL INFORMATION

Name City State Date of Graduation/Receipt of GED

III. INSTRUCTOR TRAINING PROGRAM APPROVED BY OPOTC EXECUTIVE DIRECTOR

Name of School Dates Attended # of Hours

Update Training Dates Attended

NOTE: COPIES OF ALL PERTINENT CERTIFICATES MUST BE ATTACHED.

IV. PROFESSIONAL REFERENCES FROM CRIMINAL JUSTICE AGENCY ADMINISTRATORS, AS DEFINED BY OHIO ADMINISTRATIVE CODE 4501:2-10-01

	NAME	RANK	AGENCY/DEPARTMENT	PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Letters must be attached to this form.

V. APPROVAL FROM EXECUTIVE HEAD OF FULL SERVICE JAIL (Sheriff or Designee or a Criminal Justice Agency Administrator).

I am in agreement with the submission of this application for the above-listed individual to be certified by and through the Ohio Peace Officer Training Commission as a Full-Service Jail Personnel Training School Commander.

Signature _____	Title _____
Department/Office _____	Phone (____) _____

VI. ATTESTATION (YOU MUST APPEAR BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED OFFICIAL FOR THE COMPLETION OF THE FOLLOWING SECTION.)

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 the intent to secure issuance of a certificate by a governmental agency. I understand that the certification may, with proper cause, be withdrawn, revoked or cancelled by the issuing agency.

I have not been convicted of a felony or crime of moral turpitude.

SIGNATURE OF APPLICANT _____ DATE _____

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 _____