



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



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## SCHOOL COMMANDER APPLICATION FOR 5-DAY AND 12-HOUR FACILITY JAIL PERSONNEL TRAINING

### 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 (Minimum of 40 clock-hours; attach certificate)

Name of School \_\_\_\_\_ Dates Attended \_\_\_\_\_ # of Hours \_\_\_\_\_

**IV. PROFESSIONAL REFERENCES FROM LAW ENFORCEMENT AGENCY ADMINISTRATORS OF THE RANK OF LIEUTENANT OR ABOVE**

	<b>NAME</b>	<b>RANK</b>	<b>AGENCY/DEPARTMENT</b>	<b>PHONE</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**Letters must be attached to this form.**

**V. 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 I understand that the certification may, with proper cause, be withdrawn, revoked or cancelled by the issuing agency.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 or any other peace officer disqualifying offense.

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 \_\_\_\_\_