



**PRIOR FIREARMS TRAINING EVALUATION
 FOR ADULT PAROLE AUTHORITY OFFICERS**

NAME: _____ DATE: _____
 ADDRESS: _____ PHONE: _____
 CITY: _____ ZIP CODE: _____ DOB: _____
 COUNTY: _____ SSN: _____

INCOMPLETE FORMS WITHOUT SUPPORTING DOCUMENTATION WILL BE RETURNED, NOT PROCESSED.

1. Date of appointment as a parole officer? _____
 2a. Peace officer training school attended: _____
 From: _____ To: _____ School Number, if known: _____
 School Address: _____
 _____ Phone: (____) _____

PLEASE ATTACH COPY OF PEACE OFFICER CERTIFICATE.

OR

2b. Firearms training program attended: _____
 From: _____ To: _____
 Training Facility Address: _____
 _____ Phone: (____) _____

**PLEASE ATTACH FIREARMS TRAINING COURSE INCLUDING HOURS, SUBJECT MATTER, SPOs,
 INSTRUCTOR(S) AND COPY OF CERTIFICATE.**

3. Date of most recent handgun requalification: _____
 Weapon type (model, action): _____
 (MUST BE SAME AS OFFICIAL DUTY WEAPON)
 Conducted by (instructor): _____
 Conducted by (agency): _____

ATTACH COPY OF SCORE SHEET OR OTHER VERIFICATION OF SUCCESSFUL REQUALIFICATION.

4. THIS SECTION TO BE COMPLETED BY THE REQUESTING INDIVIDUAL IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER PERSON AUTHORIZED FOR THIS PURPOSE.

This is to certify that the information set forth in this form is true and accurate to the best of my knowledge. All requested information has been researched for accuracy and, where applicable or necessary, documentation has been attached for purposes of verification and/or explanation. It is acknowledged that, should any of the provided information be discovered inaccurate, it will cause the determination made from this request to be voided. Further, it is acknowledged that submission of false information submitted to a governmental organization in pursuit of certification is a violation of section 2921.13 of the Ohio Revised Code.

_____	_____
SIGNATURE OF REQUESTING INDIVIDUAL	NAME OF REQUESTING AGENCY

	MAILING ADDRESS

	DAYTIME TELEPHONE NUMBER

Subscribed and duly sworn before me according to law by the above-named individual the _____ day of _____, 20____ at _____ in the county of _____ and State of _____.

Signature of Notary/Authorized Official _____

Official Title _____

Commission Expiration Date _____