



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

Application for Renewal of Private Security UNIT Instructor Certificate

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.

Certificate Number: _____ Expiration Date: _____

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: _____

Ohio Administrative Code, Chapter 109:2-3-05(D): Instructors certified by unit shall renew their certificate every 3 years. At least **60 days and no more than 90 days** before expiration of the certificate, the instructor shall file with the Executive Director, an application for renewal on a form supplied by the Executive Director. S/he shall at the same time file:

1. Written evidence from the commander(s) that the instructor has taught in at least two commission-approved courses during the most recent certification period; (Attach written evidence)

<u>Name of School & Number</u>	<u>Commander</u>	<u>Date(s) Taught</u>	<u>No. of Hours Taught</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Must submit documentation of having attended at least fifteen (15) clock hours of professional development or continuing education from the training agency or institution relative to at least one of the areas for which the individual is certified, during the most recent certification period. Documentation must show successful completion of training. (Attach written evidence.)

<u>Educational/Training Facility</u>	<u>Course Title</u>	<u>Date</u>	<u>Number of Clock Hrs</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: It is the responsibility of each instructor to ensure his/her certificate is current.

ATTEST

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 purpose to secure issuance of an instructional certificate by a governmental agency. I understand the certification requested may, with proper cause, be withdrawn, canceled or revoked by the issuing agency.

YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED OFFICIAL FOR THIS PURPOSE.

SIGNATURE OF APPLICANT _____

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____ 20____ at _____ County of _____ and State of _____.

Signature of Official _____

(Seal)

Official Title _____

My Commission Expires _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED