



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 Peace Officer's Basic UNIT Instructor Certificate

(Type or print clearly)

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 109:2-1-06(C): 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. He/she shall at the same time file:

1. Written evidence from the educational or training facility where the instructor received training documenting that the instructor has successfully completed **within the past three years, a minimum of twenty-four (24) clock hours of training in topics related to the basic training curriculum.**
2. Written evidence from the school commander or administrator that the instructor has **taught in two approved peace officer basic training schools for a minimum total of twenty-four (24) teaching hours within the past three years.**

1. Training to upgrade instructional ability. Minimum of 24 hours required. (Attach written evidence.)

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

2. Taught in the following schools (Attach written evidence – i.e. letter from school commander attesting to school name and number, date(s), topic(s), hours taught; or copy of revised school calendar.)

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

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.

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 Notary _____

Printed Name & Title _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED