



Private Security Instructor – Topic Renewal Application

Instructors shall renew their certificate every three years, at least 60 days and no more than 90 days before expiration of the certificate.

Please include the following information with your application:

- Written evidence that certification or license submitted as basis for original certification or most recent renewal is still valid, has been renewed and is in good standing with the issuing body, or present documentation of current active involvement in the participation or practice of the topic area or areas for which certification was granted.
- Written evidence from the school commander or administrator that the instructor has **taught in two approved private security basic training schools the past three years.**

Return application with all supporting documentation to:

Email: PSApplications@OhioAGO.gov

Ohio Peace Officer Training Commission
Professional Standards Division
P.O. Box 309
London, Ohio 43140



Ohio Peace Officer Training Commission
Office 800-346-7682

P.O. Box 309
London, OH 43140

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This form may be emailed to: PSApplications@OhioAGO.gov

Name: _____ Alias: _____
Last First Middle

Address: _____
No./Street/P.O.Box City County State Zip Code

Phone Number: _____ - _____ - _____ SSN (Last 5): _____ DOB: _____ Male Female

Email: _____
***Email required for receiving Certificate.**

By checking this box, you are authorizing OPOTC to add your Instructor information to the Instructor Directory on the OPOTA Portal. You may be contacted in their efforts to find an instructor.

Commander Email: _____
Check if certificate is also to be emailed to Commander.

Certificate Number: _____ Expiration Date: _____

Attach written evidence of teaching hours in the last 3 years from 2 separately numbered academies.

<u>School Name & Number</u>	<u>Date(s) Taught</u>	<u>Topic Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been investigated, disciplined, or terminated for any matters alleging theft, falsification, dishonesty, violence, immorality, ethical misconduct, and/or sexual misconduct? If yes, include a detailed summary.

Yes No

Have you ever been convicted of a felony, or are you subject to a firearms disability or prohibition? If yes, include a detailed summary.

Yes No

I declare that the information in this application is true and correct to the best of my knowledge.

Name of Applicant Signature of Applicant Date