



## Authorization to Carry a Firearm

### I. Attestation for Bailiffs, Parole Officers, Probation Officers, DYS Employees, and BCI Crime Scene Technicians

I certify that \_\_\_\_\_ is an employee of  
Last, First, Middle Name

\_\_\_\_\_, serving in the capacity of  
Employing Agency

\_\_\_\_\_, and as such may be  
Position/Title

required to carry a firearm and must successfully complete an Ohio Peace Officer Training Commission approved firearms handgun training course. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.

\_\_\_\_\_  
Signature of Appointing Authority

\_\_\_\_\_  
Printed Name and Title of Appointing Authority

### II. Attestation for Tactical Medical Professionals

I certify that \_\_\_\_\_ is attached to  
Last, First, Middle Name

\_\_\_\_\_ as a tactical medical professional;  
Law Enforcement Agency

is trained and certified in a nationally recognized tactical medical training program that is equivalent to "tactical combat casualty care" (TCCC) and "tactical emergency medical support" (TEMS); may be required to carry a firearm while functioning as a tactical medical professional; and so must successfully complete an Ohio Peace Officer Training Commission approved firearms handgun training course. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.

\_\_\_\_\_  
Signature of Appointing Authority

\_\_\_\_\_  
Printed Name and Title of Appointing Authority

### III. Attestation for County Correctional Officers

I \_\_\_\_\_ do hereby certify that I am  
Last, First, Middle Name

the person in charge of the county jail, county workhouse, minimum security jail, joint city and county workhouse, municipal-county correctional center, multicounty-municipal correctional center, municipal-county jail or workhouse, or multicounty-municipal jail or workhouse

\_\_\_\_\_. I further certify that I have  
Name of Facility

authorized \_\_\_\_\_ in \_\_\_\_\_  
Last, First, Middle Name County

to carry firearms while on duty at \_\_\_\_\_  
Name of Facility

provided that the requirements of ORC 109.722 et al. are met.

\_\_\_\_\_  
Signature of Person in Charge of Jail Facility

\_\_\_\_\_  
Printed Name & Title of Person in Charge of Jail Facility