

State Certification Examination Qualification Form

OPOTC Use Only		*LAST NAME	FIRST NAME	M.I.	SSN #	D.O.B. (mm/dd/yy)	EMPLOYING AGENCY
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Commander Signature

Date

Compliance Officer Signature

Date

**Ohio Peace Officer Training Commission
Education & Policy Section**

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OPOTC Use Only		*LAST NAME	FIRST NAME	M.I.	SSN #	D.O.B. (mm/dd/yy)	EMPLOYING AGENCY
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Commander Signature

Date

Compliance Officer Signature

Date

**Ohio Peace Officer Training Commission
Education & Policy Section**