



State Certification Examination Qualification Form

ACADEMY NAME: _____ COUNTY: _____

ACADEMY #: (Include prefix) _____ CURRICULUM CODE: _____

EXAM DATE: _____ EXAM TIME: _____ EXAM LOCATION: _____

COMMANDER: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____ # OF STUDENTS: _____

***List, alphabetically by last name, those students who are eligible to test.**

OPOTC Use Only		*LAST NAME	FIRST NAME	M.I.	SSN # (last 5 only)	D.O.B. (mm/dd/yy)	EMPLOYING AGENCY
	1.						
	2.						
	3.						
	4.						
	5.						
	6.						
	7.						
	8.						
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	17.						
	18.						
	19.						
	20.						

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 # (last 5 only)	D.O.B. (mm/dd/yy)	EMPLOYING AGENCY
	21.						
	22.						
	23.						
	24.						
	25.						
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	42.						
	43.						
	44.						
	45.						

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 # (last 5 only)	D.O.B. (mm/dd/yy)	EMPLOYING AGENCY
	46.						
	47.						
	48.						
	49.						
	50.						
	51.						
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	65.						
	66.						
	67.						
	68.						
	69.						
	70.						

Commander Signature

Date

Compliance Officer Signature

Date

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