



DAVE YOST

OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682

P.O. Box 309
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www.OhioAttorneyGeneral.gov

Law Enforcement Firearms Requalification Instructor 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 (O.A.C. 109:2-13-04).

Please include the following information with your application:

- Written evidence the instructor has conducted at least two approved firearms requalification programs within the three year renewal period. (Attach documentation of verification, i.e., letter from chief executive officer or rangemaster; copy of Proficiency Record showing date and signature of instructor.)

Return application with all supporting documentation to:

Email: OPOTC.Instructors@OhioAGO.gov

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Professional Standards Division
P.O. Box 309
London, Ohio 43140



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Law Enforcement Firearms Qualification Instructor – Renewal Application

Email this form to: OPOTC.Instructors@OhioAGO.gov

Name _____ Alias _____
Last First Middle

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

Phone # _____ 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 OHLEG. You may be contacted 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

Years of relevant law enforcement experience _____

Agency _____ Dates _____

Agency _____ Dates _____

Certificate Number _____ Expiration Date _____

Attach written evidence from two Qualification Programs from the last three years.

Name of Agency Qualified per ORC 109.801 Date of Qualification

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 _____