



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

Public Safety Firearms - Commander Application

The following criteria must be met:

- Must be a high school graduate or possess a GED
- Five years relevant experience as a court officer, law enforcement officer, or a corrections officer authorized to carry a firearm while on duty and required to complete an annual firearms requalification
- Two years of relevant, full-time supervisory experience
- Three professional references
- Completion of a commander training program approved by the executive director

Return application with all supporting documentation to:

Email: OPOTC.Instructors@OhioAttorneyGeneral.gov

Ohio Peace Officer Training Commission
Professional Standards Division
P.O. Box 309
London, Ohio 43140
FAX: (740) 845-2675



Public Safety Firearms - Commander Application

This form may be emailed to: OPOTC.Instructors@OhioAttorneyGeneral.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.**

School Name _____
County _____

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

Employment History – Minimum of 5 Years

<u>Department</u>	<u>Employment Dates</u>	<u>Highest Rank Obtained</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Supervisory Experience (Full Time Only) – Minimum of 2 Years

Department _____	Rank _____	Start _____	To _____
Department _____	Rank _____	Start _____	To _____
Department _____	Rank _____	Start _____	To _____
Department _____	Rank _____	Start _____	To _____



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Background History

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

Professional References: (Must be a current judge, court administrator, prosecutor, magistrate, chief of police, sheriff, ODRC Corrections Training Academy Superintendent, ODRC Corrections Training Academy Assistant Superintendent, ODRC Corrections Academy Training Supervisor, ODRC Director, ODRC Deputy Director, or Chief of Fire and/or State Fire Marshal)

Name	Rank	Department
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Attach letters of reference from the above-named individuals. These must accompany application.**

I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. 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	Printed Name	Date
_____	_____	_____
Witness Signature	Printed Name	Date
_____	_____	_____