



Public Safety Firearms Instructor – Unit Renewal Application

Instructors certified by unit shall renew their certificate every three years, at least 60 days and no more than 90 days before expiration of the certificate.

Please include the following information with your application:

- Written evidence from the educational or training facility where the instructor received training documenting that the instructor has successfully completed **within the past three years, a minimum of 12 clock hours of training in topics related to the basic training curriculum.**
- Written evidence from the school commander or administrator that the instructor has **taught in one approved basic training school for a minimum total of 12 teaching hours within the past three years.**

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



Ohio Peace Officer Training Commission
Office 800-346-7682

P.O. Box 309
London, OH 43140

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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.**

By checking this box, you are authorizing OPOTC to add your Instructor information to the Instructor Directory on the OPOTA Portal. You may be contacted in their efforts to find an instructor.

Commander Email: _____

Check if certificate is also to be emailed to Commander.

Attach written evidence of training in topics related to the basic training curriculum, minimum of 12 hours required.

<u>Educational/Training Facility</u>	<u>Course Title</u>	<u>Date</u>	<u>Total Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach written evidence of a minimum of 12 teaching hours in the last 3 years from an approved academy.

<u>School Name & Number</u>	<u>Date(s) Taught</u>	<u>Topic #</u>	<u>Total Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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