



PUBLIC SAFETY FIREARMS INSTRUCTOR – UNIT APPLICATION

The following criteria must be met:

- Must be a high school graduate or possess a GED
- Five years relevant experience as a full-time law enforcement officer
- Completion of OPOTC-approved 80-hour Instructional Skills course
- Topic 01-01 Handgun Training – Semiautomatic Pistol, completion of approved OPOTC “Semi-Automatic Pistol Instructor” course

Return application with all supporting documentation to:

Email: OPOTC.Instructors@OhioAGO.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

Public Safety Firearms Instructor – Unit Application

This form may be emailed to: OPOTC.Instructors@OhioAGO.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.

I. EDUCATION

High School Diploma/GED

High School Name Address Date Received

EXPERIENCE

Agency Name Time Employed Title/Position Dates of Employment

Completion of 80-hour Commission approved Instructional Skills Course (attach certificate)

Location of Instructor Skills Course Dates Attended Date Completed

Completion of Commission approved Semi-automatic Pistol Instructor Training Course (attach certificate)

Location of Course Dates Attended Date Completed



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II. BACKGROUND INFORMATION

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

III. COMMANDER RECOMMENDATION AND INTENT TO EMPLOY

(initial)

I attest that the information provided in this application is, to the best of my knowledge, true and accurate. I understand that falsification of any information may impact my ability to command this school or future schools, may impact my status as an OPOTC-certified commander, and may carry other legal consequences.

(initial)

Within the next 12 months, I intend to employ this applicant as an instructor in an OPOTC-approved academy that I will command.

Attesting to the above, I recommend this application be accepted and the applicant certified.

School Commander's Name

School Commander's Signature

School Name

OPOTC PSFC or BTC Number

Date

Phone Number

Email Address