



## Authorization to Carry a Firearm

### I. Attestation for Bailiffs, Parole Officers, Probation Officers, DYS Employees, and BCI Crime Scene Technicians

I certify that \_\_\_\_\_ is an employee of  
*Last, First, Middle Name*

\_\_\_\_\_, serving in the capacity  
*Employing Agency*

\_\_\_\_\_, and as such may be  
*Position/Title*

required to carry a firearm and must successfully complete an Ohio Peace Officer Training Commission approved firearms handgun training course. 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 of Appointing Authority*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name and Title of Appointing Authority*

### II. Attestation for Tactical Medical Professionals

I certify that \_\_\_\_\_ is attached to  
*Last, First, Middle Name*

\_\_\_\_\_, as a tactical medical professional;  
*Law Enforcement Agency*

is trained and certified in a nationally recognized tactical medical training program that is equivalent to "tactical combat casualty care" (TCCC) and "tactical emergency medical support" (TEMS); may be required to carry a firearm while functioning as a tactical medical professional; and so must successfully complete an Ohio Peace Officer Training Commission approved firearms handgun training course. 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 of Appointing Authority*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name and Title of Appointing Authority*

### III. Attestation for County Correctional Officers

I \_\_\_\_\_ do hereby certify that I am  
*Last, First, Middle Name*

the person in charge of the county jail, county workhouse, minimum security jail, joint city and county workhouse, municipal-county correctional center, multicounty-municipal correctional center, municipal-county jail or workhouse, or multicounty-municipal jail or workhouse

\_\_\_\_\_. I further certify that I have  
*Name of Facility*

authorized \_\_\_\_\_ in \_\_\_\_\_  
*Last, First, Middle Name County*

to carry firearms while on duty at \_\_\_\_\_  
*Name of Facility*

provided that the requirements of ORC 109.722 et al. are met.

\_\_\_\_\_  
*Signature of Person in Charge of Jail Facility*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name and Title of Person in Charge of Jail Facility*

### IV. Attestation for Fire Investigators

I do hereby certify that I, \_\_\_\_\_ am attached to  
*Last, First, Middle Name*

\_\_\_\_\_ as a fire investigator. I wish to lawfully  
*Employing Agency*

carry the following firearm(s) while on duty as a fire investigator and, if certified, have authorization in accordance with division (A)(1) of section 109.774 of the Revised Code to carry the applicable firearm(s) while on duty:

- ☐ Handgun
- ☐ Rifle and carbine
- ☐ Both a handgun and a rifle and carbine

I further certify that I meet the minimum training requirements for the applicable firearm(s) as set forth in rule 109:2-17-02 of the Administrative Code, understand the requirements under section 109.801 of the Revised Code to successfully requalify yearly with the firearm(s), and that failure to do so will result in the prohibition on carrying a firearm while on duty.

\_\_\_\_\_  
*Signature of Fire Investigator*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name and Title of Fire Investigator*

\_\_\_\_\_  
*Signature of Person in Charge of Employing Agency*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name and Title of Person in Charge of Employing Agency*