



Ohio Peace Officer Training Commission
Office of the Ohio Attorney General
P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

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.

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 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.

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 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.

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 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 while on duty.

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