



NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: Correction to Record Name Change OSHP Trooper to Peace Officer
(OSHP certificate must be attached)

1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email SF400@OhioAGO.gov, fax, or mail.
2. Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations. ***NOTE:** The officer's email address will be used for all OPOTC correspondence, including advanced training course registration.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status, or is promoted to Chief.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION		1. Name (Last) (First) (Middle)	2. Social Security Number (last 5 only)
3. Previous Name(s) or Alias (Last) (First) (Middle)			
4. Birth date (mm/dd/yyyy)	5. Officer's Individual Email Address*		6. Phone Number
7. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name)			
8. Basic Training Academy (Academy Name) (Academy Number) (Dates of Training) (Only complete if this is the officer's first appointment or OSP)			

AGENCY INFORMATION	9. Agency Name		
10. Reporting Authority's Email Address		11. Agency Phone Number	
12. Agency Mailing Address (#/Street/PO Box) (City) (Zip Code) (County Name)			

APPOINTMENT INFORMATION (Complete Date, Status <u>and</u> ORC)	13. New Appointment Date / /	14. Status Change Date / /
15. Select New Status ___ Full-Time ___ Part-Time ___ Auxiliary ___ Reserve ___ Special ___ Seasonal For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.		
16. Select New ORC		
___ City Full-Time/Part-Time (737.02)	___ City Auxiliary/Reserve/Special (737.051)	___ City Chief (737.02)
___ Village Full-Time/Part-Time/Special (737.16)	___ Village Auxiliary/Reserve (737.161)	___ Village Chief (737.15)
___ Township Police Officer (505.49)	___ Township Constable (509.01)	___ Other Chief - List ORC/Charter _____
___ Other - List ORC/Charter _____	___ Deputy Sheriff (311.04)	___ Sheriff (311.01)

ATTESTATION OF REPORTING AUTHORITY		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.	
17. Signature of Reporting Authority		18. Printed Name and Title	19. Date / /
20. Signature of Witness		21. Printed Name (First, Middle, Last)	22. Date / /

Officer Name (Last)

(First)

(Middle)

SSN (last 5 only)

23. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Signature of Appointee

Name of Appointing Authority (Typed or Printed Legibly)

Signature of Appointing Authority

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

24. Appointed By (Agency Name and County):

25. From(mm/dd/yyyy):

To(mm/dd/yyyy):

/ /

/ /

26. Appointment Status (Check Appropriate Box)

____ Full-Time

____ Part-Time

____ Auxiliary

____ Reserve

____ Special

____ Seasonal

27. Appointed By (Agency Name and County):

28. From(mm/dd/yyyy):

To(mm/dd/yyyy):

/ /

/ /

29. Appointment Status (Check Appropriate Box)

____ Full-Time

____ Part-Time

____ Auxiliary

____ Reserve

____ Special

____ Seasonal

30. Appointed By (Agency Name and County):

31. From(mm/dd/yyyy):

To(mm/dd/yyyy):

/ /

/ /

32. Appointment Status (Check Appropriate Box)

____ Full-Time

____ Part-Time

____ Auxiliary

____ Reserve

____ Special

____ Seasonal

33. Appointed By (Agency Name and County):

34. From(mm/dd/yyyy):

To(mm/dd/yyyy):

/ /

/ /

35. Appointment Status (Check Appropriate Box)

____ Full-Time

____ Part-Time

____ Auxiliary

____ Reserve

____ Special

____ Seasonal

36. Appointed By (Agency Name and County):

37. From(mm/dd/yyyy):

To(mm/dd/yyyy):

/ /

/ /

38. Appointment Status (Check Appropriate Box)

____ Full-Time

____ Part-Time

____ Auxiliary

____ Reserve

____ Special

____ Seasonal

39. Appointed By (Agency Name and County):

40. From(mm/dd/yyyy):

To(mm/dd/yyyy):

/ /

/ /

41. Appointment Status (Check Appropriate Box)

____ Full-Time

____ Part-Time

____ Auxiliary

____ Reserve

____ Special

____ Seasonal