



## Public Safety Firearms Certificate Equivalent Request Application

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: \_\_\_\_\_

Employing Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
*No./Street/P.O. Box City County State Zip Code*

Date of appointment as an armed public safety professional: \_\_\_\_\_

OPOTC-approved firearms training program attended or peace officer training school successfully completed prior to being appointed: \_\_\_\_\_

Start: \_\_\_\_\_ To: \_\_\_\_\_ School Number: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of most recent handgun requalification (attach written evidence): \_\_\_\_\_

Weapon type (model, action): \_\_\_\_\_  
*(Must be same as official duty weapon)*

Conducted by (instructor): \_\_\_\_\_  
*Name Certificate Number Expiration Date*

Conducted at (agency): \_\_\_\_\_

**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.**

\_\_\_\_\_  
*Signature Printed Name Date*

\_\_\_\_\_  
*Witness Signature Printed Name Date*