MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★

Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

REQUEST FOR REISSUED CERTIFICATE

Not to be used for Private Security Basic Training Certificates

Reissued certificates may be obtained by completing and mailing this application, along with a money order or certified check in the amount of $15.00 per certificate requested, payable to the Ohio Peace Officer Training Commission (OPOTC). Requests submitted without payment will not be processed. Mail to:

OHIO PEACE OFFICER TRAINING COMMISSION
P. O. Box 309
London, OH 43140

Certificate(s) Requested (check all that apply):

BASIC TRAINING:

- ☐ Adult Parole Authority Basic Training
- ☐ Bailiff Basic Training
- ☐ Canine Unit
- ☐ Corrections Basic Training
- ☐ Jailer Basic Training
- ☐ Peace Officer Basic Training
- ☐ Probation Officer Basic Training

Name of Academy Attended: _____

Dates Attended: From _____ To _____

INSTRUCTOR: ***(Do not use this form when applying to be an instructor or for renewal of instructor certificate.)***

- ☐ Adult Parole Authority Basic Unit Instructor
- ☐ Bailiff Basic Unit Instructor
- ☐ Bailiff Basic Special Subject Instructor
- ☐ Canine Evaluator
- ☐ Corrections Basic Unit Instructor
- ☐ Corrections Basic Special Subject Instructor
- ☐ Firearms Re-qualification Instructor
- ☐ Jailer Basic Unit Instructor
- ☐ Jailer Basic Special Subject Instructor
- ☐ Peace Officer Basic Unit Instructor
- ☐ Peace Officer Basic Special Subject Instructor
- ☐ Private Security Basic Unit Instructor
- ☐ Private Security Basic Special Topic Instructor

COMMANDER/ADMINISTRATOR:

- ☐ Adult Parole Authority Basic Training
- ☐ Bailiff Basic Training
- ☐ Corrections Basic Training
- ☐ Jailer Basic Training
- ☐ Peace Officer Basic Training
- ☐ Probation Officer Basic Training

☐ **ADVANCED TRAINING COURSE**

Name of Course Attended: _____

Dates Attended: From _____ To _____

All information must be typed or printed.

Full Name: _____ Previous Name(s) Used/Alias: _____

SSN: _____ Date of Birth: _____ Daytime Phone Number: _____

Home Mailing Address: _____ _____ _____ _____ _____
Street P.O. Box City State Zip Code

Email: _____

_____ _____
Signature **Date**

OPOTC USE ONLY

Certificate #: _____ Date Reissued: _____ Word Processor: _____ Date: _____