MIKE DEWINE
OHIO ATTORNEY GENERAL

Ohio Peace Officer Training Commission
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LAW ENFORCEMENT FIREARMS RE-QUALIFICATION INSTRUCTOR APPLICATION

Name _____ _____ _____
First Middle Last

SSN_____ DOB _____ Male ____ Female ____

Mailing Address _____
#/Street/P.O. Box

_____ _____ _____ _____
City State Zip Code County

Phone: Residence (_____)_____ Daytime (_____)_____

Cell (_____)_____ FAX (_____)_____

Email _____
NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

☐ At times we receive requests for information on instructors approved to teach a particular topic. By checking this box, you are authorizing OPOTC staff to release information about your instructor certification which would allow others to contact you in their efforts to find an instructor.

☐ I authorize the OPOTC to place my firearms instructor information on the publicly accessible web site for Concealed Carry Weapon instructor purposes. My home phone number may be used: ___Yes ___No If no, other: _____

DOCUMENTATION OF ALL COMPLETED TRAINING MUST BE ATTACHED OR APPLICATION WILL BE RETURNED.

1. Next to each classification of weapon for which you are seeking certification, please enter the name of the training agency where you completed the required weapon instructor's course and the dates of attendance.

WEAPON CLASSIFICATION	NAME OF AGENCY/SCHOOL ATTENDED	DATES OF ATTENDANCE
____ 1-1 REVOLVER	_____	_____
____ 1-2 SEMIAUTO PISTOL	_____	_____
____ 1-3 SHOTGUN	_____	_____
____ 1-4 POLICE RIFLE/CARBINE	_____	_____
____ 1-5 SUBMACHINE GUN	_____	_____
____ 1-6 SCOPE-SIGHTED RIFLE	_____	_____

2. Three years of relevant experience as a Law Enforcement Officer required

_____ _____ _____
YEARS AGENCY DATES (FROM/TO)

_____ _____ _____
YEARS AGENCY DATES (FROM/TO)

3. Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude?
____no ____yes If yes, include a detailed summary. _____
_____

_____ _____
NAME OF APPLICANT (PRINTED) DATE

_____
SIGNATURE OF APPLICANT

FOR OPOTC USE ONLY

Approved By: _____

Approval Date: _____