OPOTC USE ONLY
OPOTC-Assigned
School Number _____
Approved By _____
Date _____
Curriculum Code _____

OHIO PEACE OFFICER TRAINING COMMISSION
SCHOOL APPLICATION

PEACE OFFICER
- ☐ Basic Training
- ☐ Refresher
- ☐ Update/Mandates
- ☐ College Academy

JAILERS
- ☐ 12-Day Facility Basic Training
- ☐ Jailer Occasional Contact
- ☐ Jailer Sworn Peace Officer
- ☐ 12-Hour Facility Basic Training

BAILIFF/PROBATION/PAROLE
- ☐ Bailiff Basic Training
- ☐ Probation Officer Handgun Training
- ☐ Adult Parole Authority Handgun Training

CORRECTIONS
- ☐ Full-Service Jail Basic Training

PRIVATE SECURITY
- ☐ Academic
  Weapon Type R A S
- ☐ Basic Firearms
  Weapon Type R A S
- ☐ Firearms Requalification
  Weapon Type R A S

Number of Firing Points _____

Field Agent Assigned _____

REQUESTING OFFICIAL NAME & TITLE _____

REQUESTING OFFICIAL PHONE _____ **EMAIL** _____

THE REQUESTING OFFICIAL IS THE CHIEF EXECUTIVE OFFICER OF A (CHECK ONE):

☐ **STATE** ☐ **COUNTY** ☐ **MUNICIPAL CORPORATION** ☐ **PUBLIC SCHOOL DISTRICT**

☐ **TECHNICAL COLLEGE DISTRICT** ☐ **DEPARTMENT OF NATURAL RESOURCES**

SCHOOL NAME _____ **COUNTY** _____

COMMANDER _____ **COMMANDER #** _____

PROPOSED DATES: _____ _____ _____ _____
From **To** **Total Hours** **Number of Students**

_____
Total Non-Mandatory Hours

DAYS PER WEEK: SU M T W TH F S
(CHECK DAYS THAT APPLY)

HOURS: _____ **TO** _____
INDICATE AM OR PM

APPLICATION FEE (Private Security Only) **CHECK/M.O. #** _____ **AMOUNT $** _____

FACILITY ADDRESS _____
(STREET) **(CITY)** **(ZIP)**

RANGE ADDRESS _____
(STREET) **(CITY)** **(ZIP)**

MAILING ADDRESS _____
(STREET) **(CITY)** **(ZIP)**

PHONE: **COMMANDER:** _____ **TRAINING FACILITY:** _____

FAX: _____ **CELL:** _____

EMAIL: _____

INSTRUCTOR INFORMATION FOR ALL SCHOOLS

(List instructors alphabetically by last name) (Duplicate if needed)

LAST NAME, FIRST NAME, M.I.	BLDG. SEARCHES	CRIME SCENE	DRIVING	FIREARMS	FIRST AID/CPR/AED	HAZMAT	ICS	NIMS	PATROL TECHN.	PHYS. COND.	SFST	SPEED MEAS. DEVICE	STOPS & APPR.	SUBJ.CONTROL	TRAFF. CRASH INV.	OPOTC INSTRUCTOR #	EXPIRATION DATE
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20.																	

Skill Topics "√" if instructor scheduled.
NOTE: If firearms safety officer is used, indicate "SO" in firearms column after instructor's name.

COMMANDER SIGNATURE _____ DATE _____ COMMANDER NAME (typed) _____

NO STAMPS/ORIGINAL SIGNATURE ONLY

INSTRUCTOR INFORMATION FOR ALL SCHOOLS

(List instructors alphabetically by last name) (Duplicate if needed)

LAST NAME, FIRST NAME, M.I.	BLDG. SEARCHES	CRIME SCENE	DRIVING	FIREARMS	FIRST AID/CPR/AED	HAZMAT	ICS	NIMS	PATROL TECHN.	PHYS. COND.	SFST	SPEED MEAS. DEVICE	STOPS & APPR.	SUBJ.CONTROL	TRAFF. CRASH INV.	OPOTC INSTRUCTOR #	EXPIRATION DATE
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Skill Topics "√" if instructor scheduled.
NOTE: If firearms safety officer is used, indicate "SO" in firearms column after instructor's name.

COMMANDER SIGNATURE DATE COMMANDER NAME (typed)

NO STAMPS/ORIGINAL SIGNATURE ONLY