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OHIO ATTORNEY GENERAL

Ohio Peace Officer Training Commission
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APPLICATION FOR RENEWAL OF LAW ENFORCEMENT FIREARMS REQUALIFICATION INSTRUCTOR CERTIFICATE

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.

Years of Law Enforcement Experience _____ Agency _____ From/To _____

Agency _____ From/To _____

Certificate Number _____ Expiration Date _____

☐ 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: _____

Ohio Administrative Code, Chapter 109:2-13-04(D) indicates instructors shall renew their certificate every three years. At least **sixty (60) and no more than ninety (90) days** before expiration of the certificate, the instructor shall file an application for renewal on a form supplied by the executive director. The instructor shall at the same time file:

(1) Documentation indicating the instructor has conducted at least two approved firearms requalificaton programs within the three year renewal period.

(2) I taught the following two Requalification Programs within my three year renewal cycle. **[Attach documentation of verification; i.e., letter from chief executive officer or rangemaster; copy of Proficiency Record showing date and signature of instructor.]**

Name of Agency Requalified per ORC 109.801	Date of Requalification
_____	_____
_____	_____

(3) Have you ever been convicted or are there any pending charges against you for a felony, crime of moral turpitude, or a firearms disability or prohibition? ____Yes ____No

Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude? ___Yes ___No If yes, include a detailed summary.

_____

_____

_____

<u>MUST</u> APPEAR <u>IN PERSON</u> BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

_____ _____
Signature Date

Subscribed and sworn personally before me by the above-named Affiant, this _____ day of _____ , 20____ , at _____, in the County of _____, and State of Ohio.

_____
Printed name of Notary

(Seal)

_____
Signature of Notary

_____
Date notary commission expires

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED