



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
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To: Executive Director, Ohio Peace Officer Training Commission

RE: School Number _____

School Name _____

Dates: _____ to _____

School Type: (Check all that apply)

___Peace Officer Basic Training* ___Corrections Basic Training* ___Private Security Academic*

___Refresher Training* ___Prior Equivalent Training* ___Private Security Firearms

___Jailer Basic Training* ___Court Officer Basic Training

*** State Certification Examination required upon completion of training**

I, as a school commander of the above cited program, do hereby state that the students from this school are recommended for certification as represented on the attached closing records. They have received at least the minimum number of hours of instruction in all prescribed topics as required by the Ohio Peace Officer Training Commission. They have proven their proficiency in performing all the mandatory Student Performance Objectives thus far. This training was conducted in compliance with the rules of the Ohio Administrative Code and the standards of the Ohio Peace Officer Training Commission.

I further state that all records submitted are true and accurate reflections of the results of the training course, and acknowledge that submission of falsified records is a criminal violation.

If applicable, I recommend the students as listed on the EX-710 (Student Certification Examination Qualification Form) submitted with the attached closing package, for certification upon their successful passing of the state certification examination.

Commander's Name

Commander's Signature

Date

Certificate Fee: (Private Security only- enter corresponding instrument number, amount per Appendix B, and number of certificates requested)

Check # _____ / Money Order # _____ / Purchase Order # _____

Amount due/enclosed \$ _____ Number of Certificates _____

Clerk's Initials _____ Date _____