



Student Enrollment/Certification Record

Information on this form MUST be typed; handwritten copies will not be accepted. Please double check for accuracy.

Student Information:

Name: _____ Alias: _____
Last First Middle

Home Address: _____
No./Street and/or P.O. Box City County State Zip Code

Phone Number _____ - _____ - _____ Male _____ Female _____ DOB: _____ SSN (Last 5): _____

*Email Address: _____

***Important Note:** *This email address will be used as the primary source of communication between you and OPOTC from the start of the academy through completion of the State Certification Exam (SCE). Please be sure to enter an email address that can be checked regularly for OPOTC correspondence.*

Operator's License Number: _____ State: _____ Expiration Date: _____

Race: _____ American Indian/Alaska Native _____ Asian _____ Black/African American _____ Hispanic/Latino
 _____ Native Hawaiian/Pacific Islander _____ White _____ Other

Education: _____ High School Diploma _____ GED

Student Status:

| | | | |
|-------------------------|----------------------|------------------------|--|
| Peace Officer | _____ Basic Training | _____ Refresher | _____ Prior-Equivalent |
| Private Security | _____ Academic | _____ Revolver | _____ Shotgun _____ Semi-Auto Pistol _____ REQ |
| Corrections | _____ Basic Training | _____ Prior Equivalent | |
| Court Officer | _____ Basic Training | | |

Commander's Signature *Date* *School Name* *School Number*

OPOTC Use Only

_____ Approved _____ Open Enrollment _____ Withdrawn _____ Failed _____ Dismissed

Private Security Requal Due Date: _____ Date Approved: _____

Last Date of Class: _____ Exam Date: _____ Certification Specialist Initials: _____

Certificate Number: _____ Date Certificate Issued: _____