



# DAVE YOST

OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission  
Office 800-346-7682

## School Application

Training Program: \_\_\_\_\_

Weapon Type: \_\_\_\_\_

# of Firing Points: \_\_\_\_\_ Compliance Specialist Assigned: \_\_\_\_\_

Requesting Organization: \_\_\_\_\_

School Name: \_\_\_\_\_ County: \_\_\_\_\_

Commander Name: \_\_\_\_\_

OPOTC Commander #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Commander Contact #: \_\_\_\_\_

Commander Email Address: \_\_\_\_\_

Proposed Dates: \_\_\_\_\_ to \_\_\_\_\_ # of Students: \_\_\_\_\_  
Start End

Days per Week SU M T W TH F S Hours: \_\_\_\_\_ to \_\_\_\_\_ Total Hours: \_\_\_\_\_  
(Indicate AM or PM)

<input type="checkbox"/>						
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(Check all days that apply)

Total Non-Mandatory Hours (PS ONLY): \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone #: \_\_\_\_\_ Facility Last Inspected Date: \_\_\_\_\_

Range Address: \_\_\_\_\_

Range Last Inspected Date (if applicable): \_\_\_\_\_

Application Fee (Private Security Only; enter confirmation/order number and amount due per Appendix B)

Online Confirmation #: \_\_\_\_\_ Check/Money Order #: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_ Amount Due/Enclosed: \_\_\_\_\_

I attest the information provided in this opening application is, to the best of my knowledge, true and accurate. I understand that falsification of any information may impact my ability to command this school or future schools, may impact my status as an OPOTC-certified commander, and may carry other legal consequences.

\_\_\_\_\_  
Commander's Name

\_\_\_\_\_  
Commander's Signature

\_\_\_\_\_  
Date

### OPOTA Use Only

OPOTC-Assigned School #: \_\_\_\_\_ Curriculum Code: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_