



**DAVE YOST**  
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission  
800-346-7682

P.O. Box 309  
London, Ohio 43140  
www.OhioAttorneyGeneral.gov

## 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: \_\_\_\_\_

Complete if applicable:

Appointing/Employing Agency \_\_\_\_\_ Agency County \_\_\_\_\_

Agency Email \_\_\_\_\_

Date of Appointment/Employment \_\_\_\_\_ Position/Title \_\_\_\_\_

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

**Education:** \_\_\_\_\_ High School Diploma \_\_\_\_\_ GED

### Student Status:

<b>Peace Officer</b>	_____ Basic Training _____
<b>Private Security</b>	_____ Academic _____ Revolver _____ Shotgun _____ Semi-Auto Pistol _____ REQ
<b>Corrections</b>	_____ Basic Training _____ Prior Equivalent
<b>Public Safety</b>	_____ 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\_\_\_\_\_ Approved \_\_\_\_\_ Open Enrollment \_\_\_\_\_ Withdrawn \_\_\_\_\_ Failed \_\_\_\_\_ Dismissed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: \_\_\_\_\_