



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: _____

Days per Week

SU	M	T	W	TH	F	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Hours: _____ to _____ Total Hours: _____
(Indicate AM or PM)

(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: _____