



DAVE YOST

OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
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School Application

OPOTC Use Only

OPOTC-Assigned School # _____ Curriculum Code _____

Approved By _____ Date _____

Corrections ☐ Full-Service Jail Basic Training

Court Officer ☐ Basic Training

Jailer ☐ 12-Day Facility Basic Training ☐ 12-Hour Facility Basic Training

Peace Officer ☐ Basic Training ☐ Refresher

Private Security ☐ Academic ☐ Basic Firearms ☐ Firearms Qualification
Weapon Type ___R ___A ___S Weapon Type ___R ___A ___S Weapon Type ___R ___A ___S

Number of Firing Points _____ Field Agent Assigned _____

Requesting Organization _____

Organization Type: ☐ State ☐ County ☐ Municipal Corporation ☐ Public School District
☐ Technical College District ☐ Department Of Natural Resources ☐ Other

School Name _____ County _____

Commander _____ Cmdr No. & Exp. Date _____

Proposed Dates: _____ to _____
Start End Total Hours Number of Students

Days per Week

SU	M	T	W	TH	F	S
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 (Check Days That Apply) Hours _____ To _____
Total Non-Mandatory Hours _____ Indicate AM or PM

Application Fee (Private Security Only – Enter Corresponding Instrument Number and Amount Per Appendix B)

Check No. _____ Money Order No. _____ Purchase Order No. _____ Amount Due \$ _____

Facility Address _____
Street City Zip

Range Address _____
Street City Zip

Mailing Address _____
Street City Zip

Commander Phone Number: _____ Training Facility Phone Number: _____

Fax Number: _____ Cell Phone Number: _____

Email: _____

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