



**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: \_\_\_\_\_

Operator's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Complete if applicable & attach SF400 Notice of Appointment:

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\_\_\_\_\_ Approved \_\_\_\_\_ Open Enrollment \_\_\_\_\_ Withdrawn \_\_\_\_\_ Failed \_\_\_\_\_ Dismissed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

Last Date of Class: \_\_\_\_\_ Exam Date: \_\_\_\_\_ Certification Officer's Initials: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Date Certificate Issued: \_\_\_\_\_