



**DAVE YOST**  
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission  
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## Law Enforcement Firearms Requalification Instructor – Amendment Application

Email this form to: [OPOTC.Instructors@OhioAGO.gov](mailto:OPOTC.Instructors@OhioAGO.gov)

Name \_\_\_\_\_ Alias \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
No./Street/P.O. Box City County State Zip Code

Phone # \_\_\_\_\_ SSN (Last 5) \_\_\_\_\_ DOB \_\_\_\_\_ Male Female

Email \_\_\_\_\_

### \*Email required for receiving Certificate

By checking this box, you are authorizing OPOTC to add your Instructor information to the Instructor Directory on OHLEG. You may be contacted in their efforts to find an instructor.

I authorize the OPOTC to place my firearms instructor information on the publicly accessible web site for concealed carry weapon instructor purposes. My home phone number may be used: Yes No

Agency Name \_\_\_\_\_ County \_\_\_\_\_

Current Requalification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

### Please check the topics you are requesting. Documentation of training/experience must be attached.

Weapon Classification	Name of Agency/School Attended	Dates of Attendance
____ 1-1 Revolver	_____	_____
____ 1-2 Semiauto Pistol	_____	_____
____ 1-3 Shotgun	_____	_____
____ 1-4 Police Rifle/Carbine	_____	_____
____ 1-5 Submachine Gun	_____	_____
____ 1-6 Scope-Sighted Rifle	_____	_____

Have you ever been investigated, disciplined, or terminated for any matters alleging theft, falsification, dishonesty, violence, immorality, ethical misconduct, and/or sexual misconduct? If yes, include a detailed summary.

Yes No

Have you ever been convicted of a felony, or are you subject to a firearms disability or prohibition? If yes, include a detailed summary.

Yes No

**I declare that the information in this application is true and correct to the best of my knowledge.**

Name of Applicant \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_