



## Law Enforcement Firearms Requalification Instructor- Amendment Application

This form may be emailed to: [OPOTC.Instructors@OhioAttorneyGeneral.gov](mailto:OPOTC.Instructors@OhioAttorneyGeneral.gov)

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

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

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 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  
If no, other: \_\_\_\_\_

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