



Instructor – Amendment Application

This form may be emailed to: 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 the OPOTA Portal. You may be contacted in their efforts to find an instructor.

Commander Email _____

☐ Check if certificate is also to be emailed to the Commander.

Certificate Number _____ Expiration Date _____

List topic name and number for approval. Documentation of training/experience must be attached.

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

I attest that the information provided in this 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 Number School Name Date

School Commander's Signature School Commander's Name