



Instructor – Amendment Application

This form may be emailed to: OPOTC.Instructors@OhioAGO.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.

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