



Commander Recommendation and Intent to Employ

This form must be uploaded as an attachment when submitting your instructor application through the [OPOTA portal](#).

Instructor's Information

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 _____

Academy Commander Information

(initial) I attest that the information provided by the applicant is to the best of my knowledge, true and accurate. I understand that falsification of any information may impact my ability to command this academy or future academies, may impact my status as an OPOTC-certified commander, and may carry other legal consequences.

(initial) Within the next 12 months, I intend to employ this applicant as an instructor in an OPOTC-approved academy that I will command.

Attesting to the above, I recommend this application be accepted and the applicant certified.

Academy Commander's Name Academy Commander's Signature

Academy Name OPOTC Commander Number Date

Phone Number Commander Email