



Request for Reissued Certificate

To receive a copy of your Basic Training certificate(s), please complete this form and attach the applicable payment of **\$15.00 per certificate/copy** requested. ***Please note: Only electronic copies will be sent via email; no hard copies will be provided.** Mail this form, along with a money order or certified check made payable to the Ohio Peace Officer Training Commission, to:

**Ohio Peace Officer Training Commission
Attention: Professional Standards Division
P. O. Box 309
London, OH 43140**

Basic Training: (check all that apply)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Corrections Basic Training | <input type="checkbox"/> Peace Officer Basic Training | <input type="checkbox"/> Canine Unit |
| <input type="checkbox"/> Court Officer Basic Training | <input type="checkbox"/> Jailer Basic Training | <input type="checkbox"/> Other _____ |

Name of Academy Attended: _____

Dates Attended: _____ To _____

Instructor: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Canine Evaluator | <input type="checkbox"/> Jailer Basic Unit Instructor |
| <input type="checkbox"/> Court Officer Basic Unit Instructor | <input type="checkbox"/> Jailer Basic Special Subject Instructor |
| <input type="checkbox"/> Corrections Basic Unit Instructor | <input type="checkbox"/> Peace Officer Basic Unit Instructor |
| <input type="checkbox"/> Corrections Basic Special Subject Instructor | <input type="checkbox"/> Peace Officer Basic Special Subject Instructor |
| <input type="checkbox"/> Firearms Re-qualification Instructor | <input type="checkbox"/> Private Security Basic Unit Instructor |
| | <input type="checkbox"/> Private Security Basic Special Topic Instructor |

Commander: (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Court Officer Basic Training | <input type="checkbox"/> Corrections Basic Training | <input type="checkbox"/> Peace Officer Basic Training |
| <input type="checkbox"/> Jailer Basic Training | <input type="checkbox"/> Private Security Training | |

Full Name: _____ Alias: _____

SSN (Last 5 only): _____ DOB: _____ Contact Number: _____

Home Mailing Address: _____
Street/P.O. Box City State Zip

*Email: _____

Signature _____ Date _____

OPOTC USE ONLY

Certified Check/Money Order # _____ Amount _____ Clerk Initials _____ Date _____