



## Request for Reissued Certificate

To receive a copy of your Basic Training certificate(s), please:

Complete this form and attach proof of your online payment confirmation receipt from the OPOTA payment portal: [Ohio Peace Officer Training Academy Payment Portal](#) and email it to [ProfessionalStandards@OhioAGO.gov](mailto:ProfessionalStandards@OhioAGO.gov).

**-OR-**

Mail this form, along with a money order or certified check made payable to the Ohio Peace Officer Training Commission (OPOTC) for **\$15.00 per certificate/copy** requested, to:

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

**\*Please note: Only electronic copies will be sent via email; no hard copies will be provided.**

**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 Phone Number: \_\_\_\_\_

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

County: \_\_\_\_\_

\*Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPOTC USE ONLY**

Certified Check/Money Order # \_\_\_\_\_ Amount \_\_\_\_\_ Clerk Initials \_\_\_\_\_ Date \_\_\_\_\_