



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.

-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 _____