



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

NOTICE OF PEACE OFFICER APPOINTMENT

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION		1. Name (Last) _____ (First) _____ (Middle) _____	2. Social Security Number _____
3. Alias (Last) _____ (First) _____ (Middle) _____			
4. Birth date (mm/dd/yyyy) _____	5. Email Address _____	6. Phone Number _____	
7. Home Mailing Address (#/Street/PO Box) _____ (City) _____ (State) _____ (Zip Code) _____ (County Name) _____			
8. Basic Training Academy (Academy Name) _____ (Academy Number) _____ (Dates of Training) _____ (Only complete if this is the officer's first appointment or OSI)			

AGENCY INFORMATION		9. Agency Name Jackson County Sheriff's Office	
10. Agency Email Address rchalfant@jacksonso.org		11. Agency Phone Number 740-286-6464	
12. Agency Mailing Address (#/Street/PO Box) 350 Portsmouth St		(City) Jackson	(Zip Code) _____ (County Name) Ohio Jackson

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13. New Appointment Date 05 / 14 / 2015	14. Status Change Date / /
15. Select New Status _____ Full-Time <input checked="" type="checkbox"/> Part-Time _____ Auxiliary _____ Reserve _____ Special _____ Seasonal _____			
16. Select New ORC			
_____ City Full-Time/Part-Time (737.02)	_____ City Auxiliary/Reserve/Special (737.051)	_____ City Chief (737.02)	
_____ Village Full-Time/Part-Time/Special (737.16)	_____ Village Auxiliary/Reserve (737.161)	_____ Village Chief (737.15)	
_____ Township Police Officer (505.49)	_____ Township Constable (509.01)	_____ Other Chief - List ORC/Charter _____	
_____ Other - List ORC/Charter _____	<input checked="" type="checkbox"/> Deputy Sheriff (311.04)	_____ Sheriff (311.01)	

ATTESTATION OF REPORTING AUTHORITY		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority 	18. Name and Title R. Chalfant Major	19. Date 05 / 14 / 2015	
NOTARY			
Sworn to and subscribed before me this <u>15th</u> day of <u>May</u> , 20 <u>15</u> in the county of <u>Jackson</u> , Ohio.			
		My commission expires <u>3-5-16</u>	Affix Seal Here

Officer Name (Last)

(First)

(Middle)

Social Security Number

20. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Signature of Appointee
Signature of Appointing Authority

Major R Chlafant
Name of Appointing Authority (Typed or Printed Legibly)
Major
Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

21. Appointed By (Agency Name and County): 22. From(mm/dd/yyyy): To(mm/dd/yyyy):
23. Appointment Status (Check Appropriate Box)
24. Appointed By (Agency Name and County): 25. From(mm/dd/yyyy): To(mm/dd/yyyy):
26. Appointment Status (Check Appropriate Box)
27. Appointed By (Agency Name and County): 28. From(mm/dd/yyyy): To(mm/dd/yyyy):
29. Appointment Status (Check Appropriate Box)
30. Appointed By (Agency Name and County): 31. From(mm/dd/yyyy): To(mm/dd/yyyy):
32. Appointment Status (Check Appropriate Box)
33. Appointed By (Agency Name and County): 34. From(mm/dd/yyyy): To(mm/dd/yyyy):
35. Appointment Status (Check Appropriate Box)
36. Appointed By (Agency Name and County): 37. From(mm/dd/yyyy): To(mm/dd/yyyy):
38. Appointment Status (Check Appropriate Box)

Date/Time: May. 15. 2015 12:22PM

File No.	Mode	Destination	Pg (s)	Result	Page Not Sent
2853	Memory TX	17408452675	P. 2	OK	

Reason for error
 (1) Hang up or line fall
 (2) No answer
 (3) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection



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5. Enter any necessary information for a Correction in Payroll, submitting all affected pages, and attach a letter explaining the requested change.

1. Name (Last, First, Middle Initial)		2. Social Security Number	
3. Area (Basis)		4. Phone Number	
5. Home Mailing Address (Street/PO Box)		6. City, State, Zip Code, County Name	
7. Basic Training Academy (Only complete if this is the officer's first appointment or OTC)		8. Date of Training	

9. Agency Name		10. Agency Phone Number	
11. Agency Email Address		12. Agency Mailing Address (Street/PO Box)	
13. Agency Fax Number		14. City, State, Zip Code, County Name	

15. Select New OTC		16. Select Reporting Authority	
17. Select Appointment Status		18. Select Reporting Authority	
19. Select Reporting Authority		20. Select Reporting Authority	

21. Signature of Reporting Authority		22. Date	
23. Signature of Officer		24. Date	

This form may be emailed to: SF406@ohioattorneygeneral.gov



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OFFICER INFORMATION	1. Name (Last) _____ (First) _____ (Middle) _____		7. Social Security Number _____	
	3. Alias (Last) _____ (First) _____ (Middle) _____			
4. Birth date (mm/dd/yyyy) _____		5. Email Address _____		6. Phone Number _____
7. Home Mailing Address (#/Street/PO Box) _____ (City) _____ (State) _____ (Zip Code) _____ (County Name) _____				
8. Basic Training Academy (Academy Name) _____ (Academy Number) _____ (Dates of Training) _____ (Only complete if this is the officer's first appointment or OSP)				

AGENCY INFORMATION	9. Agency Name Jackson County Sheriff's Office			
	10. Agency Email Address rchalfant@jacksonso.org		11. Agency Phone Number 740-286-6464	
	12. Agency Mailing Address (#/Street/PO Box) 350 Portsmouth St		(City) Jackson	(Zip Code) Ohio

APPOINTMENT INFORMATION	(Complete Date, Status and ORC)		13. New Appointment Date 05 /14 /2015	14. Status Change Date / /
	15. Select New Status ___ Full-Time <input checked="" type="checkbox"/> Part-Time ___ Auxiliary ___ Reserve ___ Special ___ Seasonal			
16. Select New ORC				
___ City Full-Time/Part-Time (737.02)		___ City Auxiliary/Reserve/Special (737.051)		___ City Chief (737.02)
___ Village Full-Time/Part-Time/Special (737.16)		___ Village Auxiliary/Reserve (737.161)		___ Village Chief (737.15)
___ Township Police Officer (505.49)		___ Township Constable (509.01)		___ Other Chief - List ORC/Charter _____
___ Other - List ORC/Charter _____		<input checked="" type="checkbox"/> Deputy Sheriff (311.04)		___ Sheriff (311.01)

ATTESTATION OF REPORTING AUTHORITY		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority 		18. Name and Title R. Chalfant Major	19. Date 05 /14 /2015
NOTARY			
Sworn to and subscribed before me this _____ day of _____, 20____ in the county of _____, Ohio.			
_____ Signature of Notary		My commission expires _____ Affix Seal Here	



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RECEIVED
PEACE OFFICER
MAY 15 2015

NOTICE OF PEACE OFFICER APPOINTMENT

TRAINING COMMISSION
LONDON, OHIO

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3. Alias (Last) _____ (First) _____ (Middle) _____			
4. Birth date (mm/dd/yyyy) _____	5. Email Address _____	6. Phone Number _____	
7. Home Mailing Address (#/Street/PO Box) _____		(City) _____	(State) _____ (Zip Code) _____ (County Name) _____
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name) _____ (Academy Number) _____	(Dates of Training) _____

AGENCY INFORMATION		9. Agency Name Jackson County Sheriff's Office	
10. Agency Email Address rchalfant@jacksonso.org		11. Agency Phone Number 740-286-6464	
12. Agency Mailing Address (#/Street/PO Box) 350 Portsmouth St		(City) Jackson	(Zip Code) Ohio (County Name) Jackson

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13. New Appointment Date 05 /14 /2015	14. Status Change Date / /
15. Select New Status: ___ Full-Time <input checked="" type="checkbox"/> Part-Time ___ Auxillary ___ Reserve ___ Special ___ Seasonal			
16. Select New ORC:			
___ City Full-Time/Part-Time (737.02)	___ City Auxillary/Reserve/Special (737.051)	___ City Chief (737.02)	
___ Village Full-Time/Part-Time/Special (737.16)	___ Village Auxillary/Reserve (737.161)	___ Village Chief (737.15)	
___ Township Police Officer (505.49)	___ Township Constable (509.01)	___ Other Chief - List ORC/Charter _____	
___ Other - List ORC/Charter _____	<input checked="" type="checkbox"/> Deputy Sheriff (311.04)	___ Sheriff (311.01)	

ATTESTATION OF REPORTING AUTHORITY		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority <i>R. Chalfant</i>	18. Name and Title R. Chalfant Major	19. Date 05 /14 /2015	
NOTARY			
Sworn to and subscribed before me this <u>15th</u> day of <u>May</u> , 20 <u>15</u> in the county of <u>Jackson</u> , Ohio.			
<i>B. H. Huntley</i> Signature of Notary		My commission expires <u>3-5-16</u>	Affix Seal Here: