



Ohio Peace Officer Training Commission 800-346-7682

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

## **Student Enrollment/Certification Record**

## Information on this form MUST be typed; handwritten copies will not be accepted. Please double check for accuracy.

Student Information	1:						
Name:	Alias:						
Last	First		Middle				
Home Address:	No./Street and/or P.O. Box	City		County	State	Zip Code	
				5		•	
Phone Number	Male	Female	DOB:				
*Email Address:	ommunication between you an	d OPOTC from	the start of th	*Importan	t Note: <i>This email add</i>	<u>ress will be used a</u> tate Certification	
· · · · ·	sure to enter an email address					une certification	
Operator's License Number:		State:		Exp	Expiration Date:		
Complete if applicable	:						
Appointing/Employing	g Agency		Agency County				
Agency Email							
Date of Appointment/I	Position/Title						
	n Indian/Alaska Native awaiian/Pacific Islander gh School Diploma			frican American	Hispanic/La	atıno	
Peace Officer	Basic Training	Refresher	Prior-Equivalent				
Private Security	Academic	Revolver	Sho	otgun <u>S</u> e	emi-Auto Pistol	_REQ	
Corrections	Basic Training	Prior Equiv	valent				
Court Officer	Basic Training						
Commander's Signatu	re D	ate S	School Name		Schoo	ol Number	
OPOTC Use Only							
Approved	lOpen Enrollme	ntWi	thdrawn	Failed	Dismiss	sed	
Private Security Requal	Date Approved:						
Last Date of Class: Exa		am Date:	m Date: Certification Specialist Initials:				
Certificate Number:	Certificate Number: Date Certificate Issued:						