



Student Enrollment/Certification Record

Student information:

Name: _____ Alias: _____
Last First Middle

Home Address: _____
No./Street and/or P.O. Box City County Name State Zip

Phone Number: _____ - _____ - _____ Male Female DOB: _____ SSN (Last 5): _____

Email: _____

Operator's License Number: _____ State: _____ Expiration Date: _____

Complete if applicable & attach SF400 Notice of Appointment:

Appointing/Employing Agency _____ Agency County _____

Agency email _____ Date of appointment/employment _____ Position/Title _____

Race: _____ American Indian/Alaska Native _____ Asian _____ Black/African American _____ Hispanic/Latino
 _____ Native Hawaiian/Pacific Islander _____ White _____ Other

Education: High School Diploma GED

Student Status:

Peace Officer	_____ Basic Training _____ Refresher _____ Prior- Equivalent
Private Security	_____ Academic _____ Revolver _____ Shotgun _____ Semi Auto Pistol _____ REQ
Full-Service Facility	_____ Correction Officer _____ Prior Equivalent
Jailer	_____ 12-Day Facility _____ 12-Hour Facility
Court Officer	_____ Basic Training

 Commander's Signature Date School Name School Number

OPOTC use only

Approved DNC Open Enrollment **Private Security Requal Due Date:** _____
Approval Date: _____ **Exam Date:** _____
Certification Officer's Initials: _____ **Last Date of Class:** _____
Certificate Number: _____ **Date Certificate Issued:** _____