



DAVE YOST
OHIO ATTORNEY GENERAL



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:

Name: _____ Alias: _____
Last First Middle

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

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

Email Address: _____

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 |
| Corrections | _____ Basic Training _____ Prior Equivalent |
| Court Officer | _____ Basic Training |

Commander's Signature Date School Name School Number

OPOTC Use Only

_____ Approved _____ Open Enrollment _____ Withdrawn _____ Failed _____ Dismissed

Private Security Requal Due Date: _____ Approval Date: _____

Last Date of Class: _____ Exam Date: _____ Certification Officer's Initials: _____

Certificate Number: _____ Date Certificate Issued: _____