

OHIO PEACE OFFICER TRAINING COMMISSION
SCHOOL APPLICATION

OPOTC Assigned _____
School Number _____
Approved By _____
Date _____
Curriculum Code _____

PEACE OFFICER

- Basic Training
- Refresher
- Update/Mandates
- College Academy

CORRECTIONS

- Full-Service Jail Basic Training

PRIVATE SECURITY

- Academic Weapon Type R A S
- Basic Firearms Weapon Type R A S
- Firearms Requalification Weapon Type R A S

JAILERS

- 12-Day Facility Basic Training
- Jailer Occasional Contact
- Jailer Sworn Peace Officer
- 12-Hour Facility Basic Training

BAILIFF/PROBATION/PAROLE

- Bailiff Basic Training
- Probation Officer Handgun Training
- Adult Parole Authority Handgun Training

Number of Firing Points _____

Field Agent Assigned _____

REQUESTING OFFICIAL NAME & TITLE _____

REQUESTING OFFICIAL PHONE _____ EMAIL _____

THE REQUESTING OFFICIAL IS THE CHIEF EXECUTIVE OFFICER OF A (CHECK ONE):

- STATE COUNTY MUNICIPAL CORPORATION PUBLIC SCHOOL DISTRICT
- TECHNICAL COLLEGE DISTRICT DEPARTMENT OF NATURAL RESOURCES

SCHOOL NAME _____ COUNTY _____

COMMANDER _____ COMMANDER # _____

PROPOSED DATES:
From _____ To _____ Total Hours _____ Number of Students _____

DAYS PER WEEK:

SU	M	T	W	TH	F	S
----	---	---	---	----	---	---

(CHECK DAYS THAT APPLY)
 HOURS: _____ TO _____
 INDICATE AM OR PM

APPLICATION FEE (Private Security Only) CHECK/M.O. # _____ AMOUNT \$ _____

FACILITY ADDRESS _____
(STREET) (CITY) (ZIP)

RANGE ADDRESS _____
(STREET) (CITY) (ZIP)

MAILING ADDRESS _____
(STREET) (CITY) (ZIP)

PHONE: _____ COMMANDER: _____ TRAINING FACILITY: _____

FAX: _____ CELL: _____

EMAIL: _____

NO STAMPS/ORIGINAL SIGNATURE ONLY

INSTRUCTOR INFORMATION FOR ALL SCHOOLS

(List instructors alphabetically by last name) (Duplicate if needed)

LAST NAME, FIRST NAME, M.I.	BLDG. SEARCHES	CRIME SCENE	DRIVING	FIREARMS	FIRST AID/CPR/AED	HAZMAT	ICS	NIMS	PATROL TECHN.	PHYS. COND.	SFST	SPEED MEAS. DEVICE	STOPS & APPR.	SUBJ. CONTROL	TRAFF. CRASH INV.	OPOTC INSTRUCTOR #	EXPIRATION DATE
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
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15.																	
16.																	
17.																	
18.																	
19.																	
20.																	

Skill Topics “√” if instructor scheduled.

NOTE: If firearms safety officer is used, indicate “SO” in firearms column after instructor’s name.

COMMANDER SIGNATURE

DATE

COMMANDER NAME (typed)

INSTRUCTOR INFORMATION FOR ALL SCHOOLS

(List instructors alphabetically by last name) (Duplicate if needed)

LAST NAME, FIRST NAME, M.I.	BLDG. SEARCHES	CRIME SCENE	DRIVING	FIREARMS	FIRST AID/CPR/AED	HAZMAT	ICS	NIMS	PATROL TECHN.	PHYS. COND.	SFST	SPEED MEAS. DEVICE	STOPS & APPR.	SUBJ. CONTROL	TRAFF. CRASH INV.	OPOTC INSTRUCTOR #	EXPIRATION DATE
21.																	
22.																	
23.																	
24.																	
25.																	
26.																	
27.																	
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29.																	
30.																	
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35.																	
36.																	
37.																	
38.																	
39.																	
40.																	

Skill Topics “√” if instructor scheduled.

NOTE: If firearms safety officer is used, indicate “SO” in firearms column after instructor’s name.

COMMANDER SIGNATURE

DATE

COMMANDER NAME (typed)



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

STUDENT DISCLOSURES AND STATEMENT OF UNDERSTANDING

Student Name: _____
(Last) (First) (Middle Initial)

Student SSN: _____ Student DOB: _____

School Name: _____ School Number: _____

Please answer the following questions by checking either "Yes" or "No:"

1. Have you ever been convicted of a felony offense in any jurisdiction, including any conviction that has been sealed or expunged? (If so, you may not attend any portion of a Peace Officer Basic Training Academy.) _____ YES _____ NO
2. Are you a fugitive from justice? _____ YES _____ NO
3. Have you ever been convicted of a felony offense of violence as defined in ORC 2901.01 _____ YES _____ NO
4. Have you ever been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense of violence? _____ YES _____ NO
5. Have you ever been convicted of any felony offense involving a drug of abuse? _____ YES _____ NO
6. Have you ever been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense involving a drug of abuse? _____ YES _____ NO
7. Are you drug dependent, in danger of drug dependence, or a chronic alcoholic? _____ YES _____ NO
8. Are you under adjudication from any court for mental incompetence? _____ YES _____ NO
9. Have you been adjudicated by a court as a mental defective? _____ YES _____ NO
10. Have you been committed by a court to a mental institution? _____ YES _____ NO
11. Have you been found by a court to be a mentally ill person subject to hospitalization by court order, or have you been an involuntary patient other than one who is a patient only for purposes of observation? _____ YES _____ NO
12. Have you been ever been convicted of a crime that had a possible sentence of more than one year? _____ YES _____ NO
13. Are you an alien, illegally or unlawfully in the United States? _____ YES _____ NO
14. Have you been discharged from the Armed Forces under dishonorable conditions? _____ YES _____ NO
15. Have you renounced your United States citizenship? _____ YES _____ NO
16. Are you under a court order that restrains you from harassing, stalking, or threatening an intimate partner or the child of such intimate partner, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child? _____ YES _____ NO
- 17a. Have you been convicted of a misdemeanor crime of domestic violence? _____ YES _____ NO
- 17b. Have you been convicted of a misdemeanor crime that has, as an element of that crime, the use or attempted use of physical force, or the threatened use of a deadly weapon? _____ YES _____ NO
If yes, please explain your relationship with the victim (stranger, present or former spouse, household member, child, other family member, other – please describe). _____

18. Do you currently have criminal charges pending in any jurisdiction? _____ YES _____ NO
19. Do you currently possess a valid driver's license and have driving privileges in the state of Ohio? _____ YES _____ NO

I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:

1. **If I provide false information on this form I may be discharge from this school, and may be charged with a crime.**
2. **If a criminal or delinquency charge is filed against me while I am a student of this school, I MUST report it to the Commander immediately**
3. **If I am charged with any offense that may result in a felony conviction or in a state or federal weapons disability, I may be suspended from this school until the case is complete, and at that time, my ability to be reinstated to the school would be re-examined.**
4. **If I am convicted of a felony offense or one that results in a state or federal weapons disability, I may be ineligible to attend the school.**
5. **I hereby grant OPOTC consent to disclose to the Commander information regarding any and all of my criminal or delinquency history information that might impact my ability to participate as a student in an OPOTC-approved school.**

MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

Signature

Date

Subscribed and sworn personally before me by the above-named Affiant, this _____ day of _____ ,
20____ , at _____, in the County of _____, and State of Ohio.

(Seal)

Printed Name of Notary

Signature of Notary

Date Notary Commission Expires



STUDENT ENROLLMENT LIST

_____ **Original**
 _____ **Revised**

SCHOOL NAME: _____ SCHOOL NO _____

PROPOSED DATES: _____ to _____

TYPE AND ALPHABETIZE BY LAST NAME

(DUPLICATE AS NEEDED)

STUDENT'S NAME (Last, First, Middle Initial)	S.S.N.	D.O.B.	AGENCY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
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16.			
17.			
18.			
19.			
20.			

_____ **COMMANDER SIGNATURE**

_____ **DATE**

SCHOOL NAME: _____ SCHOOL NO _____

PROPOSED DATES: _____ to _____

STUDENT'S NAME (Last, First, Middle Initial)	S.S.N.	D.O.B.	AGENCY
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
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31.			
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35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
45.			

COMMANDER SIGNATURE

DATE



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

AUTHORIZATION FOR BAILIFF/COURT OFFICER BASIC TRAINING

This is to certify that _____ is an employee of
Name

_____, serving in the capacity of
Employing Court

_____, and as such is required
Position/Title

to obtain bailiff/court officer training and certification approved by the Ohio Peace Officer Training Commission.

Signature of Appointing Authority

Printed Name

MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

Signature

Date

Subscribed and sworn personally before me by the above-named Affiant, this _____ day of _____, 20____, at _____, in the County of _____, and State of Ohio.

Printed name of Notary

(Seal)

Signature of Notary

Date notary commission expires

OPOTC STUDENT SIGN-IN SHEET

SCHOOL NAME _____

SCHOOL NUMBER _____ DATE _____

TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) _____
 TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) _____
 TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) _____
 TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) _____
 TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) _____

A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H

TOTAL HOURS FOR THE DAY: _____

STUDENT NAME (ALPHABETICAL)	SIGNATURE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS ABSENT	HOURS PRESENT
1.									
2.									
3.									
4.									
5.									
6.									
7.									
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20.									
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22.									
23.									
24.									
25.									

INSTRUCTOR "A" SIGNATURE/CERT #

INSTRUCTOR "B" SIGNATURE/CERT #

INSTRUCTOR "C" SIGNATURE/CERT #

INSTRUCTOR "D" SIGNATURE/CERT #

INSTRUCTOR "E" SIGNATURE/CERT #

INSTRUCTOR "F" SIGNATURE/CERT #

INSTRUCTOR "G" SIGNATURE/CERT #

INSTRUCTOR "H" SIGNATURE/CERT #

COMMANDER SIGNATURE

COMMENTS _____

DATE

Executive Director
Ohio Peace Officer Training Commission
P.O. Box 309
London, Ohio 43140

RE: School # _____

School Name _____

Dates: From _____ To _____

SCHOOL TYPE: (Check all that apply)

Peace Officer Basic Training* Corrections Basic Training* Private Security Firearms
 Prior Equivalent Training* Jailer Basic Training Parole Officer Firearms
 Refresher Training* Bailiff Basic Training Probation Officer Firearms
 Update Training Private Security Academic*

* State Certification Examination required upon completion of training

I, as a School Commander of the above cited class, do hereby state that the students from this class are recommended for certification as represented on the attached student information records. They have received at least the minimum number of hours of instruction in all prescribed topics as required by the Ohio Administrative Code and/or Ohio Revised Code. They have proven their proficiency in performing all the mandatory Student Performance Objectives. This training was conducted in compliance with the rules of the Ohio Administrative Code and the standards of the Ohio Peace Officer Training Commission.

I further state that all records submitted are true and accurate reflections of the results of the training course, and acknowledge that submission of falsified records is a criminal violation.

If applicable, I recommend the students as listed on the EX-710 (Student Certification Examination Qualification Form) submitted with the attached closing package, for certification upon their successful passing of the state certification examination and all other Ohio Peace Officer Training Commission requirements.

SCHOOL COMMANDER SIGNATURE

SCHOOL COMMANDER NAME (TYPED)

B. Instructor Training Program Approved by OPOTC Executive Director (Minimum of 40 clock-hours; attach certificate)

_____/_____/____ - ____/____/____
Name/Address of School Attended Dates Attended # of Hours

V. Background Information

Have you ever been convicted of, or are there any pending charges for, a felony, a crime of moral turpitude, or a firearms disability per ORC 2923? _____ no _____ yes

Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude? _____ no _____ yes
If yes, include a detailed summary. _____

VI. Professional References From A Judge, Court Administrator, Prosecutor, Magistrate, Chief Of Police, Or Sheriff

_____ Name	_____ Title
_____ Name	_____ Title
_____ Name	_____ Title

Attach letters of reference from the above-named individuals. These must accompany application.

MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

Signature Date

Subscribed and sworn personally before me by the above-named Affiant, this _____ day of _____, 20____, at _____, in the County of _____, and State of Ohio.

Printed name of Notary

(Seal)

Signature of Notary

Date notary commission expires

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED



MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★



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

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www.OhioAttorneyGeneral.gov

BAILIFF BASIC TRAINING PROGRAM UNIT INSTRUCTOR APPLICATION

The application must be completed in its entirety, signed, and notarized. Attach additional documentation as requested. The following criteria must be met:

- Must be a high school graduate or possess a GED
- Five years relevant experience as a full-time law enforcement officer
- Completion of OPOTC-approved 80-hour Instructional Skills course, or 40-hour Instructional Skills course and 14-hour update

Utilize the curriculum sheet on the last page of the application to indicate the units/topics in which the instructor desires certification.

Return application with all supporting documentation to:

Ohio Peace Officer Training Commission
Professional Standards Division
P.O. Box 309
London, Ohio 43140



BAILIFF TRAINING PROGRAM UNIT INSTRUCTOR APPLICATION

I. PERSONAL DATA

Name _____
First Middle Last

SSN _____ DOB _____ Male _____ Female _____

Mailing Address _____
#/Street/P.O. Box

City State Zip Code County

Phone: Residence (____) _____ Daytime (____) _____

Cell (____) _____ FAX (____) _____

Email _____

NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

- At times we receive requests for information on instructors approved to teach a particular topic. By checking this box, you are authorizing OPOTC staff to release information about your instructor certification which would allow others to contact you in their efforts to find an instructor.
- I authorize the OPOTC to place my firearms instructor information on the publicly accessible web site for Concealed Carry Weapon instructor purposes. My home phone number may be used: ___Yes ___No If no, other: _____

II. HIGH SCHOOL DIPLOMA/GED (Circle One)

High School Name City State Date Received

III. LAW ENFORCEMENT OR BAILIFF EMPLOYMENT HISTORY-MINIMUM OF 5 YEARS

<u>Agency Name/Address</u>	<u>Position</u>	<u>Dates (From - To)</u>

IV. TRAINING PROGRAM TAKEN TO LEARN SPECIFIC KNOWLEDGE/SKILLS FOR TOPICS REQUESTED

<u>Name of School/Course Attended</u>	<u>Dates Attended (Mo/Yr - Mo/Yr)</u>	<u>Number of Hours/Years</u>	<u>Certificate/Degree/Received</u>

NOTE: Copies of all listed certificates must be attached. Supplemental sheets showing all training received may be attached.



**OHIO PEACE OFFICER TRAINING COMMISSION
BAILIFF/COURT OFFICER BASIC TRAINING CURRICULUM LIST
TO BE USED FOR INSTRUCTOR APPLICATION ONLY**

Must Complete An OPOTC-Approved Firearms Instructor Training Course

1. FIREARMS

- ___1. Handgun Training - Revolver
- ___2. Handgun Training – Semiautomatic Pistol

As of 02/03/2011



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

Application for Renewal of Bailiff Basic UNIT Instructor Certificate

Name _____
First Middle Last

SSN _____ DOB _____ Male _____ Female _____

Mailing Address _____
#/Street/P.O. Box

City State Zip Code County

Phone: Residence (____) _____ Daytime (____) _____
Cell (____) _____ FAX (____) _____

Email _____

NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

Certificate Number _____ Expiration Date _____

At times we receive requests for information on instructors approved to teach a particular topic. By checking this box, you are authorizing OPOTC staff to release information about your instructor certification which would allow others to contact you in their efforts to find an instructor.

I authorize the OPOTC to place my firearms instructor information on the publicly accessible web site for Concealed Carry Weapon instructor purposes. My home phone number may be used: ___Yes ___No
If no, other: _____

Instructors certified by unit shall renew their certificate every 3 years. At least **60 days and no more than 90 days** before expiration of the certificate, the instructor shall file with the Executive Director, an application for renewal on a form supplied by the Executive Director. The instructor shall at the same time file:

1. Written evidence documenting that the instructor has successfully completed within the past three years, a minimum of twelve (12) clock hours of training in topics related to the bailiff basic training program.
2. Written evidence from the school commander that the instructor has taught in at least one OPOTC-approved bailiff basic training school for a minimum total of twelve (12) teaching hours within the past three years.

1. Training in topics related to the Bailiff Basic Training (Attach written evidence.)

<u>Educational/Training Facility</u>	<u>Course Title</u>	<u>Date</u>	<u>Number of Clock Hrs</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Taught in the following school(s) (Attach written evidence)

<u>Name of School & Number</u>	<u>School Commander</u>	<u>Date(s) Taught</u>	<u>No. of Hours Taught</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude? Yes No If yes, include a detailed summary.

MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

Signature

Date

Subscribed and sworn personally before me by the above-named Affiant, this _____ day of _____, 20____, at _____, in the County of _____, and State of Ohio.

Printed name of Notary

(Seal)

Signature of Notary

Date notary commission expires



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

REQUEST FOR AMENDMENT OF INSTRUCTOR CERTIFICATION

Date _____

To: Certification Officer
P. O. Box 309
London, OH 43140

I request amendment be approved for:

Name _____
First Middle Last

SSN _____ DOB _____ Male _____ Female _____

Mailing Address _____
#/Street/P.O. Box

City State Zip Code County

Phone: Residence (_____) _____ Daytime (_____) _____

Cell (_____) _____ FAX (_____) _____

Email _____

NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

Certificate Number _____ Expiration Date _____

For the following units/topics:

Documentation of training/experience is attached.

At times we receive requests for information on instructors approved to teach a particular topic. By checking this box, you are authorizing OPOTC staff to release information about your instructor certification which would allow others to contact you in their efforts to find an instructor.

I authorize the OPOTC to place my firearms instructor information on the publicly accessible web site for Concealed Carry Weapon instructor purposes. My home phone number may be used: ___Yes ___No If no, other: _____

Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude?
___Yes ___No If yes, include a detailed summary.

I would like my certificate/denial sent to:

Name: _____

Address: _____
#/Street/P.O. Box City State Zip Code

Daytime Phone: _____ Email: _____

School Commander Signature: _____ Commander # _____

Name of School: _____



FIREARMS SAFETY OFFICER APPLICATION

Name _____
First Middle Last

SSN _____ DOB _____ Male ___ Female ___

Mailing Address _____
#/Street/P.O. Box
City State Zip Code County

Phone: Residence (____) _____ Daytime (____) _____
Cell (____) _____ FAX (____) _____

Email _____
NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

Requesting School: _____ Commander Name: _____

School Address: _____
#/Street/P.O. Box City State Zip Code

A. Is applicant an OPOTC firearms instructor certified for the program being conducted (Peace Officer Basic, Private Security, Probation Firearms, Adult Parole Authority or Bailiff Firearms)? If yes, please list instructor certificate number.
Yes, Certificate Number: _____ No _____

B. Is applicant an approved OPOTC Special Subject/Topic or Unit instructor certified for the program being conducted (Peace Officer Basic, Private Security, Probation Firearms, or Adult Parole Authority or Bailiff), but not necessarily a firearms instructor? If yes, please list instructor certificate number.
Yes, Certificate Number: _____ No _____

*List qualifications which give applicant sufficient knowledge of firearms.

C. Is applicant a Law Enforcement Officer who has completed OPOTC Peace Officer Basic Training or Ohio State Highway Patrol Recruit Training? ___Yes ___No If yes, complete the following:

a. Department's name and officer's title: _____
b. Academy/Training Facility attended: _____
c. Dates attended: _____

D. Has applicant completed an OPOTC-approved firearms safety program which provided sufficient knowledge to make the applicant familiar with safe range practices? If yes, explain program(s) attended and attach copies of certificates received. ___Yes ___No

E. Has applicant ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude? ___Yes ___No If yes, include a detailed summary.

**BAILIFF/COURT OFFICER BASIC TRAINING
OPENING CHECKLIST**

**BAILIFF/COURT OFFICER BASIC TRAINING
CLOSING CHECKLIST**

School Name _____

School Name _____

School Commander _____ Proposed Dates _____

School Commander _____ School Number _____

SF100unv - APPLICATION FORM – RECEIVED 21 CALENDAR DAYS PRIOR TO THE START OF TRAINING

____ TYPED
____ MINIMUM OF 5 STUDENTS UNLESS APPROVED BY THE EXECUTIVE DIRECTOR

INSTRUCTOR INFORMATION

____ LIST ONLY INSTRUCTORS SCHEDULED TO TEACH OPOTC TOPICS
____ INSTRUCTOR'S LAST NAME, FIRST NAME, MIDDLE INITIAL
____ INSTRUCTOR'S OPOTC CERTIFICATION NO. – MUST BE BASIC PEACE OFFICER INSTRUCTORS
____ **CHECK RATIO OF 1 TO 5 INSTRUCTORS TO STUDENTS**
____ **INDICATE SAFETY OFFICER, IF UTILIZED**

SF105unv - CALENDAR

____ TYPED
____ SCHOOL NAME SUBMITTED AT THE TOP OF THE PAGE
____ DATE RECORDED FOR EACH SESSION
____ DAY RECORDED
____ # OF HOURS RECORDED
____ TIME RECORDED (FROM/TO)
____ TOPIC # RECORDED FOR EACH TRAINING SESSION
____ EACH TRAINING SESSION INDICATED AS RANGE OR CLASSROOM
____ INSTRUCTOR'S LAST NAME, FIRST NAME, & OPOTC CERT. # RECORDED
____ 1½ HOUR BREAK FOR ANY TRAINING SESSION THAT EXCEEDS 4 HOURS
____ ONLY OPOTC SUBJECTS MUST APPEAR ON THE CALENDAR
____ DATE RECORDED (BOTTOM OF PAGE)
____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER

STUDENT ENROLLMENT PACKET – SUBMITTED AFTER SCHOOL NUMBER ASSIGNED & BEFORE THE FIRST DAY OF CLASS

SF110unv - STUDENT ENROLLMENT LIST

____ MINIMUM OF 5 STUDENTS UNLESS APPROVED BY THE EXECUTIVE DIRECTOR
____ NAME OF BAILIFF/COURT OFFICER OR DEPUTY BAILIFF, SSN, DOB, & EMPLOYING COURT
____ SIGNED BY SCHOOL COMMANDER

SF117bbt - AUTHORIZATION FOR BAILIFF/COURT OFFICER BASIC TRAINING

____ FORMS SIGNED BY THE APPOINTING AUTHORITY, ATTACHED FOR EACH STUDENT

SF101unv - STATEMENT OF UNDERSTANDING

____ NOTARIZED - MUST BE RECEIVED PRIOR TO FIREARMS TRAINING

SF115unv - ENROLLMENT/CERTIFICATION FORM

____ FOR EACH STUDENT, ATTACHED

ON-SITE INSPECTION

____ CURRENT ON-SITE INSPECTION FORM ON FILE

SF120unv - ATTENDANCE ROSTER

____ ORIGINAL COPY
____ TYPED
____ SCHOOL NAME, CLASS NO., & DATES RECORDED (TOP OF PAGE)
____ **MANDATORY FIREARMS, ATTENDANCE REQUIRED FOR ALL SESSIONS**
____ STUDENTS' NAMES LISTED ALPHABETICALLY (LAST NAME, FIRST, M.I.)
____ HOURS RECORDED PER DAY
____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER & DATE (BOTTOM OF PAGE)
____ SCHOOL COMMANDER'S NAME TYPED (BOTTOM OF PAGE)

SF105unv - REVISED TRAINING CALENDAR (IF APPLICABLE)

____ TYPED
____ SIGNED BY SCHOOL COMMANDER
____ REVISED CALENDAR INDICATED
____ CHANGES IN TIME, DAY, INSTRUCTOR NOTED
____ RE-CHECK RATIOS OF INSTRUCTORS TO STUDENTS

SF125bbt – FIREARMS SPO SHEETS

____ TYPED OR NEATLY PRINTED
____ ORIGINALS
____ IF A FAILURE, ALSO SUBMIT SPO SHEET
____ SIGNATURE OF CERTIFIED INSTRUCTOR(S) & OPOTC NO.
____ SIGNATURE OF COMMANDER

SF175unv - LETTER OF CERTIFICATION (CLOSING LETTER)

____ TYPED
____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER

FIELD AGENT _____ DATE _____