



## 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: \_\_\_\_\_ **\*Important Note:** *This email address will be used as the primary source of communication between you and OPOTC from the start of the academy through completion of the State Certification Exam (SCE). Please be sure to enter an email address that can be checked regularly for OPOTC correspondence.*

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:**

<b>Peace Officer</b>	_____ Basic Training	_____ Refresher	_____ Prior-Equivalent
<b>Private Security</b>	_____ Academic	_____ Revolver	_____ Shotgun _____ Semi-Auto Pistol _____ REQ
<b>Corrections</b>	_____ Basic Training	_____ Prior Equivalent	
<b>Court Officer</b>	_____ Basic Training		

\_\_\_\_\_  
*Commander's Signature* *Date* *School Name* *School Number*

**OPOTC Use Only**

\_\_\_\_\_ Approved \_\_\_\_\_ Open Enrollment \_\_\_\_\_ Withdrawn \_\_\_\_\_ Failed \_\_\_\_\_ Dismissed

Private Security Requal Due Date: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Last Date of Class: \_\_\_\_\_ Exam Date: \_\_\_\_\_ Certification Specialist Initials: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Date Certificate Issued: \_\_\_\_\_



## Authorization to Carry a Firearm

### I. Attestation for Bailiffs, Parole Officers, Probation Officers, DYS Employees, and BCI Crime Scene Technicians

I certify that \_\_\_\_\_ is an employee of  
Last, First, Middle Name

\_\_\_\_\_, serving in the capacity of  
Employing Agency

\_\_\_\_\_, and as such may be  
Position/Title

required to carry a firearm and must successfully complete an Ohio Peace Officer Training Commission approved firearms handgun training course. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.

\_\_\_\_\_  
Signature of Appointing Authority

\_\_\_\_\_  
Printed Name and Title of Appointing Authority

### II. Attestation for Tactical Medical Professionals

I certify that \_\_\_\_\_ is attached to  
Last, First, Middle Name

\_\_\_\_\_ as a tactical medical professional;  
Law Enforcement Agency

is trained and certified in a nationally recognized tactical medical training program that is equivalent to "tactical combat casualty care" (TCCC) and "tactical emergency medical support" (TEMS); may be required to carry a firearm while functioning as a tactical medical professional; and so must successfully complete an Ohio Peace Officer Training Commission approved firearms handgun training course. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.

\_\_\_\_\_  
Signature of Appointing Authority

\_\_\_\_\_  
Printed Name and Title of Appointing Authority

**III. Attestation for County Correctional Officers**

I \_\_\_\_\_ do hereby certify that I am  
Last, First, Middle Name

the person in charge of the county jail, county workhouse, minimum security jail, joint city and county workhouse, municipal-county correctional center, multicounty-municipal correctional center, municipal-county jail or workhouse, or multicounty-municipal jail or workhouse

\_\_\_\_\_. I further certify that I have  
Name of Facility

authorized \_\_\_\_\_ in \_\_\_\_\_  
Last, First, Middle Name County

to carry firearms while on duty at \_\_\_\_\_  
Name of Facility

provided that the requirements of ORC 109.722 et al. are met.

\_\_\_\_\_  
Signature of Person in Charge of Jail Facility

\_\_\_\_\_  
Printed Name & Title of Person in Charge of Jail Facility



**STUDENT DISCLOSURES AND STATEMENT OF UNDERSTANDING**

Student Name: \_\_\_\_\_  
(Last) (First) (Middle Name)

Previous Name(s) or Alias: \_\_\_\_\_

Student SSN (Last 5): \_\_\_\_\_ Student DOB: \_\_\_\_\_ School Number: \_\_\_\_\_

School Name: \_\_\_\_\_

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 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?  
If yes, please explain your relationship with the victim (stranger, present or former spouse, household member, child, other family member, other – please describe). \_\_\_\_\_ YES \_\_\_\_\_ NO
- 
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
- 20a. Have you been awarded and do you possess a high school diploma? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 20b. If you answered no to 20a, have you been awarded and do you possess a certificate of high school equivalency? (Explain.) \_\_\_\_\_ YES \_\_\_\_\_ NO
- 

**BY INITIALING BESIDE EACH STATEMENT, I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:**

If I provide false information on this form, I may be discharged from this school, and may be charged with a crime.

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

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.

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.

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.

I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name (First, Middle, & Last Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed Name (First, Middle, & Last Name)

\_\_\_\_\_  
Date



## OPOTC Student Wavier of Liability & Indemnity Agreement

**I understand the following:**

The Ohio Peace Officer Training Commission (OPOTC) provides class curriculum and assumes no responsibility other than the opportunity to learn under supervision. OPOTC, the Attorney General’s Office, the State of Ohio, and its employees and agents are hereby relieved of all liability. Some risks are inherent in the nature of the training courses and cannot be eliminated or reduced. These inherent and other risks, hazards, and dangers can cause physical or emotional injury, disability or death. **I understand and agree, as evidenced by my signature below, that I am participating in this training course at my own risk.**

**Therefore, prior to attending the class, I acknowledge the following:**

1. I understand that the training involves a degree of physical exercise and physical contact, which involves a risk of injury to me.
2. I will have to endure some degree of discomfort or pain during the application, instruction or demonstration of certain techniques and/or certain practice sessions.
3. I do not have any of the following conditions: pregnancy, chronic/acute problems of the neck, back, wrist, knee, heart or muscular system, or other medical conditions such as stress disorder, hypertension (high blood pressure), hip bursitis or other injuries, illnesses, disabilities or conditions which could be made worse by participation or otherwise cause me harm during this training.
4. If I develop or am diagnosed with any such illness, injury, condition, disability, or condition during the course of the training program, I shall promptly notify my commander, instructors, and school.
5. I am in good physical and mental health.
6. I agree to abide by the course safety rules and instructions given by the instructors.
7. I agree that to receive a certificate for this training I must pass **ALL** applicable tests.
8. I certify that I am lawfully permitted to possess and use a firearm under both Ohio and Federal law. I am not under a weapons disability pursuant to section 2923.13 of the Revised Code or 18 U.S.C. §922(g). Additionally, I have not been found incompetent to stand trial, not guilty by reason of insanity, or unfit to stand trial pursuant to articles 50a and 76b of the Uniform Code of Military Justice.

**In consideration of OPOTC allowing me to participate in the training class, I hereby agree to the following:**

1. Having read and understood the above statements, I accept all risks that may be associated with this training.
2. I waive any and all claims that I may have against OPOTC, the Attorney General’s Office, the State of Ohio, and its employees and agents, including but not limited to any and all liability claims or demands for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred while participating in the above referenced program or in any medical procedure arising out of or related to my participation in such program, including but not limited to any training conducted at the school and at any and all state training locations from any cause whatsoever, including any claims or demands based upon negligence.
3. I release OPOTC, the Attorney General’s Office, the State of Ohio, and its employees and agents, from any and all liability, and I further agree to indemnify the OPOTC, the Attorney General’s Office, the State of Ohio, and its employees and agents, from any loss, liability, damage, or cost, including reasonable attorney’s fees, that may occur due to my participation in the above referenced program or in any medical procedure arising out of or related to my participation in such program, whether or not such loss, liability, damage, or cost results from the negligence or other action, except intentional acts.
4. I understand and intend that this release of liability shall be effective and binding upon my heirs, next of kin executors, administrators and assigns in the event of my death.

**I have carefully read this agreement and fully understand its contents. I am aware that the agreement contains a waiver of liability, an assumption of risk, and an agreement by me to release and indemnify OPOTC, the Attorney General’s Office, the State of Ohio, and its employees and agents and I sign it of my own free will and volition.**

Student Signature: \_\_\_\_\_ Printed Name (including middle): \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Printed Name of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_



**DAVE YOST**  
OHIO ATTORNEY GENERAL



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

**Family Educational Rights and Privacy Act (FERPA)**  
20 U.S.C. § 1232g; 34 CFR Part 99)  
**CONSENT TO RELEASE STUDENT INFORMATION**

TO ADMINISTRATOR(S) AND/OR STAFF OF:

\_\_\_\_\_ *(College, University, or Career Center that will release the educational records)*

Please provide information from the educational records of:

\_\_\_\_\_ *(Name of Student requesting the release of educational records)*  
to the Ohio Peace Officer Training Commission (OPOTC).

The information to be released under this consent includes any requested records, other than medical records held solely by Student Health Services or the Counseling Center. The information is to be released for the purpose of Ohio Peace Officer Commission oversight of, and communication regarding training programs related to Ohio Administrative Code Chapters 109:2-1 through 109:2-18.

I understand the information may be released orally or in the form of copies of written records, photographs, videos, electronic documents, or otherwise, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to the Commander of the OPOTC-approved school with which I am or was associated and/or enrolled. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the Ohio Peace Officer Training Commission for the purposes described above.

Student Name (print) \_\_\_\_\_  
*(Name of parent/legal guardian, if student is a minor)*

Student Signature \_\_\_\_\_  
*(Signature of parent/legal guardian, if student is a minor)*

Student ID Number \_\_\_\_\_

Date \_\_\_\_\_