



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_____ Approved _____ Open Enrollment _____ Withdrawn _____ Failed _____ Dismissed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: _____