

**TO BE COMPLETED BY THE ISSUING AUTHORITY ONLY**

Certificate of Competency:  Original       Renewal       Prior Equivalent  
If Original or Renewal, date Certificate issued: \_\_\_\_\_ Entity Name: \_\_\_\_\_  
Instructor Name: \_\_\_\_\_ ID #: \_\_\_\_\_ (OPOTC or NRA ID #)

If Prior Equivalent, what type:       Law Enforcement      Retirement date: \_\_\_\_\_  
What documents have been provided to evidence Prior Equivalent Training Experience: \_\_\_\_\_

Military • Active/Reserve provide Active Duty credentials  
• Retired/Honorable Discharge date: \_\_\_\_\_  
What documents have been provided to evidence Prior Equivalent Training Experience: \_\_\_\_\_

Does Competency Certification provided meet the requirements specified in 2923.125(B)(3)(a)-(f)?     Yes     No

Application received: \_\_\_\_\_ Date      By: \_\_\_\_\_ Name of Reviewer

Application review is to be completed by: \_\_\_\_\_ Date      Application reviewed by: \_\_\_\_\_ Date

Foreign notification sent: \_\_\_\_\_ Date      Foreign notification response received: \_\_\_\_\_ Date

Background completed: \_\_\_\_\_ Date      Background records destroyed: \_\_\_\_\_ Date      By: \_\_\_\_\_ Name

Approved date: \_\_\_\_\_

Process suspended date: \_\_\_\_\_ Reason: \_\_\_\_\_

Denied date: \_\_\_\_\_ Reason: \_\_\_\_\_

LEADS entry date: \_\_\_\_\_ Entry #: \_\_\_\_\_ By: \_\_\_\_\_ Name

\*Certain personal information requested on the application, including an applicant's Social Security number is protected by both Ohio and federal law. Inclusion of a Social Security Number on an application for a concealed weapon license is not required for the application to be processed. Under federal law, the county sheriff may not refuse to process an application for a license if the applicant does not provide a Social Security number. Although voluntary, disclosing a Social Security number greatly facilitates the background checks that must be conducted before a license can be issued.