



REQUEST TO TEST FOR OFFICIAL IBR CERTIFICATION IN OHIO

I have read and understand the procedures to obtain Official IBR certification in Ohio. Please inform me when we may begin submitting IBR test data to OCJS using _____ (name of Ohio law enforcement agency) as our live test site.

Name and Title (Type or Print)

Signature Date

Company/Agency Name _____
Address _____

Phone Number _____
E-mail _____
Web site _____

Mail this request to:

Ohio Office of Criminal Justice Services
Attn: OIBRS
1970 West Broad
Columbus, OH 43223