



REQUEST TO TEST FOR PROVISIONAL IBR CERTIFICATION IN OHIO

I have read and understand the procedures to obtain Provisional IBR certification in Ohio. Please inform me when we may begin submitting IBR test data to OCJS.

(For vendors using historical data from an Ohio law enforcement agency, please identify the name of the law enforcement agency below.)

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 St.
Columbus, OH 43223