



- Course Title:** Agency Inspector Course – 24 hours  
Specialized Course #850
- Instructor(s):** Sgt. Kenneth Nichols – Winter Haven Police Department
- Date(s):** October 30, 2023 – November 2, 2023
- Time(s):** 8:00 AM – 5:00 PM (Monday – Wednesday)
- Location:** Polk State College - Center for Public Safety  
Kenneth C. Thompson Institute of Public Safety  
1251 Jim Keene Blvd  
Winter Haven, Florida 33880
- Cost:** Region 8 training funds will pay for Region 8 law enforcement and correctional officers as well as Region 8 support personnel (when seats are available). **Region 8 includes Polk, Hardee, Highlands, and Desoto counties.**  
Student applications from outside of Region 8 will be placed on a waiting list to fill any open seats not filled by Region 8 officers.
- Description:** During the course the student will learn the role of an agency inspector as it relates to ensuring evidentiary breath test instruments are providing accurate and reliable results. They will obtain a more in depth understanding of breath alcohol analysis and how to obtain reliable breath alcohol samples. The student will learn about the instrumentation used to analyze breath samples in accordance with Chapter 11D-8, FAC. The student will learn about the reference sample device and how to properly operate the device, the purpose and use of alcohol reference solutions and dry gas standard as they apply to the agency inspection process, and also the proper way to conduct an agency inspection of an Intoxilyzer 8000 in accordance with Chapter 11D-8, Florida Administrative Code. In addition, the student will learn how to testify regarding the agency inspection.
- Note:** **Students must have a VALID BTO Operator Certificate to attend this course. Please contact FDLE's ATP Section at 850-410-8600.**

This course qualifies for **mandatory retraining**.  
Kenneth C. Thompson Institute of Public Safety  
at Polk State College Center for Public Safety  
1251 Jim Keene Blvd  
Winter Haven, FL 33880  
(863) 297-1030 / (863) 297-1045 fax  
[www.polk.edu/ips](http://www.polk.edu/ips)

**POLK STATE COLLEGE**  
**KENNETH C. THOMPSON INSTITUTE OF PUBLIC SAFETY**  
**Training Authorization & Advanced/Specialized Course Registration**

**Student Authorization (Formerly CJSTC 15A)**

**Student Registration**

Student Name: \_\_\_\_\_  
(Last Name) (First Name) (FULL Middle Name) (Sr, Jr, etc)

Student SS#: \_\_\_\_\_ Student email: \_\_\_\_\_

Supervisor/email \_\_\_\_\_

Check one: Law Enforcement  Corrections  Correctional Probation  Civilian

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
(Street) (city) (state) (zip)

<b>Date of Birth</b>  <b>MM / DD / YYYY</b>	<b>Gender</b>  <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Telephone Numbers</b>  Preferred:  Work:
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Race (Required by the U.S. Office of Education Title VI Civil Rights Act of 1964)

<input type="checkbox"/> White (Non-Hispanic)	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Black (Non-Hispanic)	<input type="checkbox"/> Hispanic	

**Note: Form MUST be completed in its entirety or the officer WILL NOT be registered. Ensure that you are using the most current form for this class.** These forms are pre-filled for specific classes and located with the course announcement online <https://www.polk.edu/ips>.

**Officers/Civilians in Region 8 are at \$0.00 fee. Officers/Civilians outside of Region 8 will be placed on a waiting list to fill any open seats not taken by Region 8 officers. Only courses selected for salary incentive will be entered into FDLE's ATMS, with the following exceptions: Instructor courses, Breath Test Operator/ Refresher, Agency Inspector / Refresher, and Canine Team Training.**

Course #	Course Title	Dates	Time	Location
				Center for Public Safety

Course Credit (Check One): Salary Incentive  Mandatory Retraining

Neither  (support personnel/civilians only)

Authorized Agency Representative (please print): \_\_\_\_\_

Authorized Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_