



Course Title: Breath Test Operator (Intoxilyzer 8000) – 16 Hours
Specialized Course #851

Instructor(s): Sgt. Kenneth Nichols – Winter Haven Police Department

Date(s): December 28, 2026 - December 29, 2026

Time(s): 8:00 AM – 5:00 PM (Monday – Tuesday)

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: This course is designed to prepare students for certification as Breath Test Operators. Topics of instruction will include:
Chapter 11D-8 of the Florida Administrative Code, Florida Statutes 316, 322, and 327, the pharmacology and physiology of alcohol, the theory of the Intoxilyzer 8000, the operation of the Intoxilyzer 8000, administering the breath test, and courtroom testimony regarding the breath test. Students will participate in practical exercises and cognitive testing of the course material.

This course qualifies for mandatory retraining. Only courses selected for salary incentive, with the following exceptions, will be entered into FDLE's ATMS: all instructor courses, Breath Test Operator, Breath Test Operator Refresher, Agency Inspector, Agency Inspector Refresher, and Canine Team Training

**Kenneth C. Thompson Institute of Public Safety at Polk State College Center for Public
Safety 1251 Jim Keene Blvd Winter Haven, FL 33880
IPS@polk.edu / fax (863) 297-1045**

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

Student Authorization and Registration

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

Student SS#: _____ Student email: _____

Check one: Law Enforcement ☐ Corrections ☐ Correctional Probation ☐ Civilian ☐

Agency Name: _____

Agency Address: _____
(Street) (city) (state) (zip)

The demographic information is collected for federal/state reporting and compliance purposes.

Date of Birth MM / DD / YYYY	Sex ☐ Male ☐ Female	Telephone Numbers Contact: _____
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Race

☐ White (Non-Hispanic)	☐ Asian/Pacific Islander	☐ American Indian/Alaska Native
☐ Black (Non-Hispanic)	☐ Hispanic	

Note: Form MUST be completed in its entirety or the officer WILL NOT be registered.

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.

Course #	Course Title	Dates	Time	Location

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: _____

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