



- Course Title:** Speed Measurement Instructor Course – 40 hours  
Instructor Course #1159
- Instructor(s):** D/S Ralph Marshall – Polk County Sheriff’s Office
- Date(s):** September 22 – 26, 2025
- Time(s):** 11:00AM – 8:00PM (Monday – Friday)
- 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 for law enforcement officers who wish to pursue a Specialized Topic Instructor Certification in the topic area of Speed Measurement using police traffic radar and laser speed measurement devices. Students taking this course must have at least three years experience as speed measurement device operator (See Rule 11B-20.0014, F.A.C.), and must have successfully completed one of the following courses or combination of courses:
- Advanced Course 1158, Speed Measurement Course  
OR
  - Advanced Course 055, Radar Speed Measurement Training Course for Law Enforcement Officers (retired 12/31/06), and Advanced Course 095, Laser Speed Measurement Operators Course for Law Enforcement Officers (retired 12/31/06)  
OR
  - Advanced Course 055, Radar Speed Measurement Training Course for Law Enforcement Officers (retired 12/31/06), and Specialized Course 1113, Laser Speed Measurement Device (LSMD) Transition Operators Course for Radar Operators (retired 12/31/08).

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

[IPS@polk.edu](mailto:IPS@polk.edu) / (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"/> Black (Non-Hispanic)	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaska Native
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**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: \_\_\_\_\_