



SARASOTA COUNTY FIRE DEPARTMENT



CERTIFICATE OF RADIO COVERAGE COMPLIANCE

(POST THIS DOCUMENT IN COMMAND ROOM)

PROJECT NAME: _____

PROJECT ADDRESS: _____

DESIGN PROFESSIONAL ENGINEER OF RECORD: _____

INSTALLATION CONTRATOR: _____

TEST DATE & TIME: _____

(TESTING FOR COMPLIANCE AND CERTIFICATION SHALL BE PERFORMED AFTER CONSTRUCTION AND INTERIOR FINISHING WORK IS COMPLETE)

I AM THE RESPONSIBLE PERSON IN CHARGE AND I CERTIFY THE OCCUPANCY IDENTIFIED ABOVE WAS TESTED FOR SARASOTA COUNTY P25 TRUNKED SYSTEM FREQUENCIES FOR PUBLIC SAFETY RADIO RF COVERAGE LEVELS AND MEETS THE MINIMUM REQUIREMENTS SET FORTH BY NFPA 72 & NFPA 1221 AS PER ADOPTED EDITION AT TIME OF INSTALLATION. WITHOUT THE USE OF A TWO-WAY RADIO COMMUNICATION ENHANCEMENT SYSTEM.

I FURTHER CERTIFY THAT THE BUILDING WAS TESTED IN ACCORDANCE WITH THE PROVISIONS SET FORTH IN NFPA 72, 1221 AND TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, THE RADIO RF COVERAGE LEVELS FOR THIS OCCUPANCY MEET OR EXCEED THOSE REQUIRED BY NFPA 72 & NFPA 1221 AS PER ADOPTED EDITION AT TIME OF INSTALLATION AND PERMITTING.

PROFESSIONAL CERTIFICATION:

I HEREBY CERTIFY THAT THESE ENGINEERING DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND I AM DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF FLORIDA,

NAME: _____

ENGINEER LICENSE NUMBER: _____

EXPIRATION DATE: _____

RESPECTFULLY SUBMITTED,

SIGNATURE AND SEAL OF DESIGN PROFESSIONAL ENGINEER OF RECORD

DATE

GROL LICENSE PROFESSIONAL:

I HEREBY CERTIFY THAT ALL INITIAL AND FINAL TESTING DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND I AM DULY LICENSED BY THE FEDERAL COMMUNICATIONS COMMISSION IN THE UNITED STATES AND MEET ALL RULES AND REGULATIONS OF THE STATE OF FLORIDA,

NAME: _____

FCC GROL LICENSE NUMBER: _____

EXPIRATION DATE: _____

OWNER OR AGENT OF SITE:

NAME: _____

DATE: _____