



CERTIFICATION-PUBLIC SAFETY RADIO SYSTEM COVERAGE

BUILDING PERMIT NO. _____

BUILDING ADDRESS: _____

CERTIFICATION TESTING DATE: _____

FCC-Certified Technician to provide checkmark for one of the following:

___ (Amplification System Provided) I certify that installation of the necessary amplification system, its associated components, and the 2 inch conduit, from the lowest floor to the roof, have been installed per plans, specifications and Irvine Municipal Code Section 5-9-605. (Note: amplification system requires OCCOMM clearance, see bottom of page)

___ (Amplification System Not Required) I certify that the installation of the 2 inch conduit, from the lowest floor to the roof, has been installed per plans, specifications and Irvine Municipal Code Section 5-9-605.

I further certify that radio coverage testing has been conducted and radio coverage has been found to be meet the minimum requirements of Irvine Municipal Code Section 5-9-604 for (check one) Both DAQ and Signal Strength ___ DAQ only ___.

(FCC-Certified Technician name)

(Signature)

(FCC License No.)

(Phone Number)

(Technician Company Name)

(Date)

___ OCCOMM Clearance Non-interference check and alarm programming verification. (Only required when amplification system provided)

___ Received: One copy of As-built plans per City of Irvine Public Radio System Coverage Testing and Acceptance Procedure (or copy of original approved plans if design was not deferred)

(OCCOMM Representative)

(Signature)

(INTERNAL USE: Inspector to check the appropriate lines and collect testing report and as-builts as needed; permit specialist to update permit record, file form, testing report, and as-builts for records retention)

Testing Report Rec'd ___

Deferred decision: ___ Amplification System provided, set of as-builts collected. (800.1)

___ Amplification System not required. (800.2)