



## CERTIFICATION – PUBLIC RADIO SYSTEM COVERAGE

FIRE PERMIT NO: \_\_\_\_\_ CERTIFICATION TESTING DATE: \_\_\_\_\_

BUILDING ADDRESS: \_\_\_\_\_

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

(Amplification System Provided) I certify that installation of the necessary amplification system and its associated components have been installed per plans and specifications. (Note: amplification system requires OCCOMM clearance, see bottom of page)

(Amplification System Not Required) I certify that installation of the 2-inch conduit or greater pathway, from the lowest floor to the roof, has been installed per plans and specifications.

I further certify that radio coverage testing has been conducted and radio coverage has been found to meet the minimum requirements of the City of Brea Fire Department Guidelines for:

(check one)  **Both DAQ and Signal Strength**  **DAQ only**

\_\_\_\_\_  
(FCC Certified Technician Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(FCC License Number)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Technician's Company Name)

\_\_\_\_\_  
(Date)

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 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 Brea Public Radio System Coverage Testing and Acceptance Procedure (or copy of original approved plans if design was not deferred).

\_\_\_\_\_  
(OCCOMM Representative Name)

\_\_\_\_\_  
(Signature)

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(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 Received:

Deferred Decision:  Amplification System provided, set of as-builts collected  
 Amplification System not required