



MANATEE COUNTY
IT RADIO DIVISION
CERTIFICATE OF RADIO COVERAGE COMPLIANCE

PROJECT NAME: _____

PROJECT ADDRESS: _____

ENGINEER REVIEWER: _____

TEST DATE AND TIME: _____

(Testing for compliance and certification shall be performed after construction and interior finishing work is complete)

I have responsible charge, and I certify that the occupancy identified above was tested for Manatee County public safety radio systems radio RF coverage levels and meets the requirements outlined in the currently adopted Florida Fire Prevention Codes and all referenced codes for Two-Way Radio Communications Enhancement System. I further certify that the building was tested under the provisions outlined in the currently adopted version of the Florida Fire Prevention Codes and all referenced codes to the best of my knowledge, information, and belief, the radio RF coverage levels for the occupancy meet or exceed those required by the current adopted version of the Florida Fire Prevention Code.

Professional Certification: I hereby certify that these testing documents were prepared or approved by me.

Respectfully submitted,

Signature of Engineer **Date**