

ANNE ARUNDEL COUNTY, MARYLAND

CERTIFICATE OF RADIO COVERAGE COMPLIANCE

PROJECT NAME: _____

PROJECT ADDRESS: _____

DESIGN PROFESSIONAL ENGINEER OF RECORD: _____

TEST DATE AND TIME: _____

(Testing for compliance and certification shall be performed after construction and interior finishing work is complete, and between May and September, inclusive, to ensure full foliage conditions)

I have responsible charge and I certify that the occupancy identified above was tested for Anne Arundel County public safety radio system radio coverage levels and meets the requirements set forth in IBC 2015 Section 915, NFPA72-2013 24.5.2.2, and NFPA72-2013 24.5.2.3 without the use of a Two-Way Radio Communications Enhancement System. I further certify that the building was tested in accordance with the provisions set forth in NFPA72-2013 14.4.10 (1-3) and A14.4.10. To the best of my knowledge, information and belief, the radio coverage levels for this occupancy meet or exceed those required by IBC 2015 Section 915 and NFPA72-2013.

Professional Certification: I hereby certify that these documents were prepared or approved by me, and I am a duly licensed Professional Engineer under the laws of the State of Maryland,

License Number _____, Expiration Date: _____.

Respectfully submitted,

Signature and Seal of Design Professional Engineer of Record

Date