



**CITY OF BOSTON
FIRE DEPARTMENT**



Fire Fighter Communication System Compliance Certification

Installation Address	Address: _____ Name of Bldg (if applicable): _____ Zip Code: _____ Permit # _____	Floors	Certification Type
		Above Grade _____ Below Grade _____	<input type="checkbox"/> New Installation <input type="checkbox"/> Contract Update <input type="checkbox"/> 5-Year Renewal (survey required)
Radio Technician Certification	I hereby certify that the Fire Fighter Communication System at the above address was installed and tested in accordance with the requirements of the current BFD In-Building Radio Specification and is in compliance with same.		
	Name: _____ Employer: _____ Signature: _____	FCC License #: _____ Expiration Date: _____ Date: _____	
Maintenance Contract Certification	I hereby certify that a maintenance contract is in place for the Fire Fighter Communication System at the above address. This agreement provides 24 hour by 7 day emergency response within two (2) hours after notification. The BFD Radio Supervisor will be notified within 24 hours if this contract is cancelled. Such notice shall contain the date and time such cancellation is to take effect.		
	Service Provider: _____ Name: _____ Title: _____ Signature: _____	Contract Expiration Date: _____ Emergency Contact #: _____ Date _____	

For office use only

	Acceptable	Comments
Radio Survey		
Monitoring System		
Cabinet Label		
Equipment specifications		
Radio system drawings		
Sample test		
Uplink Gain:		
Downlink Gain:		

The Sample Testing indicates an acceptable level of radio signal to provide effective firefighter communications.

Signature: _____

Date: _____

Title: _____