



Inspection Services Division

Public Safety Radio System

CERTIFICATE OF RADIO COVERAGE COMPLIANCE

Project Name: _____

Project Address: _____

Building Permit Number (A/P): _____

Design Professional Engineer of Record: _____

I have responsible charge for the testing of the two-way radio coverage at the above project and I certify that the building identified above was tested for radio coverage level(s) in accordance with Arlington County Site Plan condition, DTS specification and state codes requirement. Installation and testing completed on _____

Professional Certification: I hereby certify that these documents were prepared or approved by me, and I am duly licensed professional engineer under the laws of the Commonwealth of Virginia, License No. _____, Expiration Date: _____

Respectfully submitted,

Signature of Design Professional Engineer of Record

Date