



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 defined as “In Building First Responder Communication System” at the above project. I hereby certify that the building identified above was tested for radio coverage and quality level in accordance with Arlington County Site Plan condition, ISD Code Interpretation/Policy and DTS Technical Specification. I also hereby certified that the test has met the minimum require signal strength of 95 -dBm in 95% of the building’s coverage area with a Delivered Audio Quality (DAQ) no less than 3.4.

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