



SAINT LUCIE COUNTY FIRE DISTRICT

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)

I have responsible charge and I certify that the occupancy identified above was tested for Saint Lucie County Fire District public safety radio systems radio RF coverage levels and meets the requirements set forth in the currently adopted Florida Fire Prevention Codes for Two-Way Radio Communications Enhancement Systems. I further certify that the building was tested in accordance with the provisions set forth in the currently adopted version of the Florida Fire Prevention Codes and to the best of my knowledge, information and belief, the radio RF coverage levels for this occupancy meet or exceed those required by the current adopted version of the Florida Fire Prevention Code.

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 Florida,

License Number _____, Expiration Date: _____.

Respectfully submitted,

Signature and Seal of Design Professional Engineer of Record

Date