

**800 MHz COMMUNICATION ENHANCEMENT SYSTEM  
AFFIDAVIT FORM**

<b>PROPERTY INFORMATION</b>		
Site Address:	City/Town:	Zip:
Owner's Name:		
Owner's address:	City:	Zip:
<b>APPLICANT'S INFORMATION</b>		
Company Name:	License #:	
Point of contact:	Phone:	
Address:		
City:	State:	Zip:
Fax:	Email:	
<b>CONTRACTOR'S STATEMENT</b>		
<input type="checkbox"/> I acknowledge that the required documentation demonstrating in-building radio coverage shall be provided prior to final building inspection. <input type="checkbox"/> I acknowledge that if determined, during the in-building radio coverage test, that a signal booster/Two-Way Radio Enhancement System is needed, I shall comply with the adopted NFPA 72.		
Total Bldg Sq Ft:		
<b>APPLICANT'S SIGNATURE</b>		
Signature of applicant:	Date:	
Print Name:		
<b>BREVARD COUNTY EMERGENCY MANAGEMENT ACKNOWLEDGEMENT (OFFICE USE)</b>		
Signature of acknowledgement:	Date:	
Authorization Number: BREV-		

<p><u>Checklist:</u></p> <p><input type="checkbox"/> Floor Plan(s) with testing grid and dimensions in accordance with the adopted NFPA 72</p>
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