

APPLICATION FOR AUTHORIZATION TO OPERATE A SIGNAL BOOSTER
County of Berks, Department of Emergency Services

DIRECTIONS

The following application page must cover a complete submittal as described in the County of Berks' prevailing signal booster ordinance and regulations. Prevailing ordinance and regulations are available at www.berksdes.com or by contacting Berks DES at 610-374-4800.

The following form, including a payment for the review fee as described in the regulations, shall be mailed/delivered in hard copy to:

BDA Applications
Berks County DES
2561 Bernville Road
Reading, PA 19605.

NOTE: While the payment must accompany the application in hard copy (to ensure that the payment can be properly tied back to the project), this is not stating that the entire submittal must be sent in hard copy.

In actuality, the final submittal (post-testing) will need to be provided as a single pdf in order to comport with the requirements in the County's regulations. It is preferred that the preliminary submittal also be in a single pdf and properly organized to match the requirements. This has been shown to facilitate ease of changes between the preliminary and final submittals.

This pdf may be emailed separately from the payment and hard copy of the application OR it may also be included on a disk or other media and accompany the application and payment in the mail or by hand delivery.

Regardless of how it is transmitted, please be sure that the application page is with the payment AND ALSO included in the electronic submittal.

In completing the application, please ensure that the Applicant is the building owner. This could be an individual or a company. This is the entity that will be legally operating (responsible for) the booster, and which is able to engage in a contractual relationship with the County.

The Applicant PoC is the individual who represents to Applicant. If the applicant is an individual, the PoC could be the same. If the Applicant is a company, then the PoC is the single person legally authorized to engage with the County and encumber the Applicant in this relationship. It will never be a consultant. If the application is for a class B device (not recommended), this entity must have an FCC FRN.

The consultant/alarm company/engineering firm/etc. should be listed as the Engineering Technical PoC.

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APPLICANT INFORMATION

Applicant Name: Applicant FCC FRN:
Applicant Address: (Only if Class B being proposed)

INSTALLATION INFORMATION

Address Where Booster Will Be Installed:

Municipality Where Booster Will Be Installed:

Is Building at Location Above: Planned Existing

CONTACT INFORMATION

Applicant Point of Contact:

Name: Email: Phone:

Applicant's Engineering/Technical Point of Contact:

Name: Email: Phone:

Authority Having Jurisdiction (Municipality) Point of Contact:

Name: Email: Phone:

By my signature below, I attest that I am legally authorized to encumber the applicant named above by engaging in contracts/relationships with other parties, and I affirm an understanding of and acknowledge:

- Only complete application packages accompanied by payment will be reviewed
- I agree to hold the County of Berks (County) harmless for:
 - the proper operation of the planned booster system;
 - the conformance of the planned booster system to local requirements; and
 - financial, personal or property losses resulting from the denial of this application, the failure or inadequacy of any system approved as a result of this application, or the County's need to change/modify its radio system in a way that necessitates a change to the signal booster system being planned, whether such changes arise prior to, during, or following the installation of the system.

Signature Printed Name Date