



**CITY OF BOSTON
FIRE DEPARTMENT**

Permit to Install and Maintain a Signal Booster



Installation Address: _____ Zip: _____ Name of Bldg (if applicable): _____	<input type="checkbox"/> New Fire radio Installation <input type="checkbox"/> BPD Certificate Attached <input type="checkbox"/> Massport Property <input type="checkbox"/> Modification of existing system <input type="checkbox"/> 5-Year Waiver (survey required with permit application)						
Property Owner Name: _____ Address: _____	<table style="width:100%; border: none;"> <tr> <td style="width:50%;">Floors</td> <td style="width:50%;">Distributed Antenna System</td> </tr> <tr> <td>Above Grade _____</td> <td><input type="checkbox"/> Shared (IM study required with permit)</td> </tr> <tr> <td>Below Grade _____</td> <td><input type="checkbox"/> Not Shared</td> </tr> </table>	Floors	Distributed Antenna System	Above Grade _____	<input type="checkbox"/> Shared (IM study required with permit)	Below Grade _____	<input type="checkbox"/> Not Shared
Floors	Distributed Antenna System						
Above Grade _____	<input type="checkbox"/> Shared (IM study required with permit)						
Below Grade _____	<input type="checkbox"/> Not Shared						

******* Signal Boosters manufactured by an installer may limit your options for future service and repairs *******

Property Manager	Name: _____	Phone: _____
	<small>Property owner or agent</small>	
	Signature: _____	Email: _____

Note: Not to be signed by contractors

Description of Work:	
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NOTE: Applicants must notify Boston Police Communications at: Radio@pd.boston.gov and attach their certificate to this application. Massport properties may require a separate signal booster. Applicant must notify Massport at: radioshop@massport.com If a signal booster is also required for Boston Police or Massport, this permit must be submitted with an IM Study

Radio System Installer	Name: _____	Electrician's License # _____
	Address: _____	
	Email: _____	Phone _____ Fax _____

I certify that the property owner understands and has agreed to comply with the current Boston Fire Department Signal Booster Specification. If a conflict should result with any of these specifications it will be my responsibility to resolve it.

The property owner has also acknowledged that upon final system acceptance, permission will be granted to operate a signal booster on frequencies licensed to the Boston Fire Department, by the Federal Communications Commission (FCC) and that failure to maintain compliance with the Boston Fire Department Signal Booster specifications will result in the withdrawal of this permission.

Radio Service Provider _____ Address _____

Name _____ FCC License # _____

Signature _____ Phone _____

Email: _____ Fax _____ Date: _____

For office use only

BFD Permit Number : _____

FCC Signal Booster Registration # SB _____

Issued by: _____

Signal Booster Specification Version: _____