

**CALVERT EMERGENCY COMMUNICATIONS, CALVERT COUNTY, MARYLAND
700/800 MHz RETRANSMISSION APPLICATION**

INSTRUCTIONS: Provide all information requested on the Retransmission Application. Include system design diagrams, bill of materials, and floor plan diagrams as separate attachments. Complete a separate form for each BDA headend in the design. The information provided will be used to create a record for the proposed system in the FCC Signal Booster registry in accordance with FCC rules. A Provisional Retransmission Authorization will be issued for system startup upon review and approval by County and State staff. Systems shall not be activated prior to issuance of the Provisional Retransmission Authorization. The County or State, at their sole discretion, may require an initial desense test when the system is activated for the first time, to ensure that no harmful interference is occurring to nearby donor sites. The Provisional Retransmission Authorization will indicate if the initial desense test is required. Submit completed application electronically via email to radiusupport@calvertcountymd.gov. For questions, email radiusupport@calvertcountymd.gov or contact the Radio Systems Administrator at (410) 414-3269

1. SITE INFORMATION

Site Name:		
Site Address:		
Low Voltage Permit Number (Issued by Calvert County Division of Inspections and Permits):		
Site Description (type of construction, number of floors, interior square footage):		
Site Latitude and Longitude:		
BDA Manufacturer and Model:	Class:	Total System Delay in μ s:
BDA Headend Location:		
Number of Line Amplifiers or Fiber Remotes:	Line Amplifier/Fiber Remote Manufacturer and Model:	
Type of System: <input type="checkbox"/> 700/800 MHz Public safety only <input type="checkbox"/> Multiple carrier neutral host <input type="checkbox"/> Other (describe below)		

2. BUILDING/DEVELOPMENT OWNER CONTACT INFORMATION

Owner:	
Owner address:	
Point of contact:	Email:
Work phone:	Mobile phone:

3. SITE ACCESS OR TECHNICAL CONTACT INFORMATION (will provide access for inspections and testing)

Company:	
Address:	
Point of contact:	Email:
Work phone:	Mobile phone:

4. SYSTEM INTEGRATOR/INSTALLER/MAINTAINER

Company:	
Address:	
Point of contact:	Email:
Work phone:	Mobile phone:

5. PREPARER SIGNATURE AND DATE:

Signature:	Date:
Print name and title:	