

## **Broward County Regional Public Safety Radio System OWNERSHIP ACKNOWLEDGEMENT AND REQUEST FOR RETRANSMISSION AUTHORIZATION**

I hereby request authorization to retransmit via Emergency Responder Communication Enhancement System (ERCES / BDA), the frequencies licensed to Broward County for the regional public safety radio system, to enhance indoor radio coverage according to the information below:

### **SECTION 1: Information to be provided by Building Owner or Designee**

Building Owner Name	
Building Owner Phone	
Name of Building	
Building Address	
Building Contact Name	
Building Contact Phone	
Building Contact Email	
Emergency Contact Name	
Emergency Contact Phone (24h)	

### **SECTION 2: Request for Authorization Process**

1. Completed form can be emailed to [BDA@broward.org](mailto:BDA@broward.org)
2. Broward County Office of Regional Communications and Technology (ORCAT) will review this request and either approve or disapprove the BDA request.
3. Broward County Office of Regional Communications and Technology (ORCAT) will issue and send an approved and executed Provisional Retransmission Authorization form back to the applicant. If disapproved a reason will also be provided.

# RETRANSMISSION AUTHORIZATION TERMS AND CONDITIONS

1. The Provisional Retransmission Authorization is issued for the purposes of system installation, optimization, testing, and commissioning and is **valid for one year from date of issuance** and **must** be renewed annually. A new authorization agreement will be issued upon receipt of annual test results, indicating that the system has been tested to and meets the criteria for testing as specified in the current NFPA standard(s).
2. The system shall not cause interference to radio systems or equipment operated by Broward County, or any other FCC licensee.
3. Operator shall promptly resolve any interference that occurs to radio systems or equipment operated by Broward County, or any other FCC licensee, up to and including deactivation of the system, if necessary, until such time that the interference is corrected..
4. Operator shall provide access to the system for inspection upon request by Broward County or the FCC..
5. A separate Provisional Retransmission Authorization shall be obtained for each headend location used in the system design and posted conspicuously with the headend equipment.
6. Broward County reserves the right to conduct a donor site de-sensitization test and noise floor measurements when the system is activated for the first time, on final installation inspection, and periodically as necessary.
7. Broward County, as FCC licensee for its frequencies, reserves the right to terminate this Provisional Retransmission Authorization at its sole discretion.

## SECTION 3: Ownership Acknowledgment & Signature (Notary Public Required)

A copy of this signed authorization will be kept on file at:

**Broward County Public Safety Radio Administration, 1801 NW 64th St, Unit 106A, Ft. Lauderdale, FL 33309**

I, \_\_\_\_\_, the building owner/representative, have received a copy of the provisional retransmission authorization and am fully aware of and agree to all terms and conditions outlined. I understand that I am responsible for the BDA system operating at this location and replicating the Broward County licensed public safety radio frequencies. I agree to have the system tested as required by the current NFPA codes and standards. I also agree to maintain an active support and maintenance agreement at all times while utilizing this BDA system. I understand that this agreement is valid for a one-year period and must be renewed annually. I acknowledge that if the BDA system at this site negatively affects the Broward County Regional Public Safety Radio System, or if I neglect to request the necessary annual authorization for retransmission along with all required documentation, I authorize Broward County staff, a licensed BDA contractor, and/or representatives from relevant local, state, or federal agencies to access the property to assist in disabling the system. Should the BDA system be disabled at this location due to non-compliance, the business will bear full responsibility / liability for all / any interruptions in first responder public safety communications during the period the system is inactive.

\_\_\_\_\_  
Building Owner / Representative Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public – State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced \_\_\_\_\_