

## WIRELESS EQUIPMENT APPROVAL

Location (attach drawing showing specific pole(s) and/or strand(s) involved.)

Provide detailed drawing of pole showing proposed installation including attachment points for all equipment, dimensional specifications, cabling, etc.

### EQUIPMENT SPECIFICATIONS

List each piece of equipment, including make, model number, size and weight. Attach manufacturer specification sheets for each.

Input Power Requirements (per month):  watts     kWh

Describe Grounding of Wireless Attachment.

### RADIO FREQUENCY EMISSIONS

#### RF APPROACH DISTANCE/COMPLIANCE BOUNDARIES

FCC Standard	Vertical Distance from Antenna where Limit exceeds (ft.)	Height of exceeding point from ground (ft.)
General Public/Uncontrolled Exposure Limit	<input type="text"/> (ft.)	<input type="text"/> (ft.)
FCC Occupational/Controlled Exposure Limit	<input type="checkbox"/> Exceed <input type="checkbox"/> Does not Exceed	<input type="checkbox"/> Exceed <input type="checkbox"/> Does not Exceed
FCC Standard	Approach distance from the face of Antenna where Limit exceeds (ft.)	
General Public/Uncontrolled Exposure Limit	<input type="text"/> (ft.) Distance or <input type="checkbox"/> Does not Exceed	
FCC Occupational/Controlled Exposure Limit	<input type="text"/> (ft.) Distance or <input type="checkbox"/> Does not Exceed	

Will the wireless installation identified above, as installed, comply fully with the RFR exposure limitations as specified by the Federal Communications Commission at 47 C.F.R. §1.1310 (or its successor regulation) and any state RFR standards?

Yes     No

Describe disconnect method provided for disabling radio frequency emissions.

RF Certification:

I certify that: (i) I am a Professional Engineer certified by the International Association for Radio, Telecommunications and Electromagnetics (INARTE) or similarly qualified entity with experience regarding radio frequency transmissions; and (ii) the information provided above is accurate.

\_\_\_\_\_  
(Company)

If similarly qualified entity, provide description of qualifications.  
|\_\_\_\_\_|

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print or Type Name)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Certification and Approval:

I certify that all information provided is accurate and acknowledge that any change in operating characteristics, equipment installed, or method of installation requires additional approval by \_\_\_\_\_:

\_\_\_\_\_  
(Company)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print or Type Name)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

The above referenced equipment and operational specification are hereby approved by \_\_\_\_\_:

\_\_\_\_\_  
(Company)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print or Type Name)

Title: \_\_\_\_\_

Date: \_\_\_\_\_