

# Commencement/Non-Commencement of Commercial Digital Television Service



This form should be completed for each technical specification identified in the licensee's implementation plan (Form C or early start Form E).

## Where to send this form

By post:  
Manager  
Implementation and Evaluation Section  
Technical Planning and Evaluation Branch  
Australian Communications and Media Authority  
PO Box 78  
BELCONNEN ACT 2616

By email: [IP\\_Assess@acma.gov.au](mailto:IP_Assess@acma.gov.au)

## For further information

Please telephone 1300 850 115.

## Broadcaster information

Licence holder

Address

State		Postcode	
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Telephone numbers

Work		Home	
Facsimile		Mobile	

Email

## Technical information

Name of digital channel plan

Callsign

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Licence area

Centre frequency

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General area served

Service licence number

	SL
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Implementation plan number

Technical specification number

	TS
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**Commencement/Non-Commencement details**

<b>(A)</b>	I advise that the above broadcasting service commenced full time service on:	(insert date)
<b>(B)</b>	I advise that the above broadcasting service <b>DID NOT</b> commence full time service as per the scheduled start date (Form C/ Form E):	(insert date)

Reasons: (attach supporting evidence)

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**Signature**

Signature	
Print name	
Position in organisation	Date