

Commercial television implementation plan



Instructions for completion

- Print clearly. Illegible, unclear or incomplete application details may delay processing.

Please note

- Giving false or misleading information is a serious offence. Providing documents that are false and misleading is also a serious offence.
- The ACMA will not disclose the information provided in this form unless required to do so by law.

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

For further information

Please telephone 1300 850 115.

Applicant details

Licence holder

Service licence number

Call sign

Implementation plan number

<input type="text"/>	Of	<input type="text"/>
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Geographic area

Licence area

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File number

Client number

Transaction number

Approved

Not Approved

Submission of implementation plan

1. Does this implementation plan cover the whole of a licence area?

- Yes
- No

If **yes**, go to question 5, if **no**:

a) is this the first plan in a series of sequentially numbered implementation plans that the holder intends to submit for the licence area?

- Yes
- No

If **yes**, state the reason why it is not practicable to submit a single plan for the licence area:

If **no**, go to question 3.

2. If this plan is the first in a series of plans, please state the date by which the holder expects to submit each implementation plan in the series, and the geographic area covered by each implementation plan:

Implementation plan number	Geographic area to which implementation plan will apply	Expected date of submission
2		
3		
4		
5		
6		
7		
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10		
11		
12		
13		
14		
15		
16		
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25		

3. If the plan is subsequent to the first in a series of plans, please state the geographic area covered by each implementation plan in the series, the date on which any plan in the series have been submitted and/or approved, and the date by which the holder expects to submit the remaining implementation plans in the series:

Implementation plan number	Geographic area to which implementation plan will apply	Expected or actual date of submission	Date of approval (if relevant)
2			
3			
4			
5			
6			
7			
8			
9			
10			
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25			

Changes to approved plans

4. Does this implementation plan expressly or impliedly vary an earlier approved plan in the series?

Yes

No

If **yes**, please indicate the approved plan's number in the series and the date on which it was approved:

NUMBER	DATE APPROVED
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Please indicate the change being made:

State the reason for change:

5. The remainder of this plan must be completed for each digital transmitting facility (please copy the remainder of this plan).

Digital channel plan

Name of DCP:

Part number:

Date of DCP:

Technical specifications

Start date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date object achieved:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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If not same date, provide reason: e.g. need to resolve interference issues:

Transmitter site

General area served:

State:

Analog transmitter coverage areas covered by this transmitter:

Technical Specifications Number (as specified in the digital channel plan):

TS Number:

Attachment Number:

<input type="text"/>	<input type="text"/>
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Technical specification consistent with DCP:

- Yes
- No

Name of site:

Australian Map Grid Reference:

ZONE	EASTING	NORTHING
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Australian Communications Media Authority RADCOM site ID (if applicable):

Emission

Frequency band:

Mode: TV

Channel:

Centre frequency:

Polarisation:

Antenna height

Input method (satellite, microwave, off air from [site]):

Output radiation pattern

Attach a diagram of the horizontal radiation pattern for the service. The diagram should indicate the reference ERP for the radiation pattern, that is, the expected peak operating ERP of the digital transmission.

Required information:

Bearing or sector	Max ERP
T (clockwise direction)	(watts)

Optional additional information:

Mean ERP	Limits	Beam tilt	Minimum VRP	
(watts)	(dB)	(degrees)	(%)	(angle)

6. Have you decreased the level of coverage and/or potential reception quality of your analog service in the geographic area covered by the implementation plan accompanying this application since Schedule 4 to the *Broadcasting Services Act 1992* commenced (27 July 1998)?

- Yes
 No

If **yes**, provide details:

7. Will there be changes to your analog service in the geographic area covered by the implementation plan accompanying this application during the simulcast period in order to facilitate transmission of any proposed digital service?

- Yes
 No

If **yes**, provide details of the analog changes:

b) are there any agreements in place with another commercial television broadcasting licence holder / national broadcaster with respect to management of interference from digital transmissions?

- Yes
 No

If **yes**, please provide a copy of the relevant parts of the agreement.

If copies of the relevant parts of the agreements are not provided, please give reasons.

Expected coverage of digital transmitting facility

8. Will this digital transmitting facility be co-located with your current analog transmitting facility?

- Yes
 No

If **yes**,

a) To allow comparison between the analog and digital coverages, please provide details of the maximum operating ERP of the analog service and attach a horizontal radiation pattern for the analog service:

If **no**:

b) to allow comparison between the analog and digital coverages, please provide details of the maximum operating ERP of the analog service and attach a horizontal radiation pattern for the analog service:

c) please provide details of antenna height and location of the analog service:

d) please describe the area expected to be covered by this digital transmitting facility in SDTV digital mode:

e) please explain how and by when you expect to achieve the same level of coverage and potential reception quality in SDTV digital mode in the area covered by the analog facility not covered by this digital facility:

9. Is this facility co-channelled with other facilities assigned to you in the relevant DCP?

- Yes
 No

a) is this facility to be part of a single frequency network (SFN)?

b) if this facility is part of an SFN, what other facilities are in the SFN?

c) if this facility is not part of an SFN, what steps will be taken to manage potential interference with the other co-channel facilities?

10. If you answered **yes** to question 8, is the transmission of the service in SDTV digital mode expected to achieve the same level of coverage and potential reception quality as is achieved by the co-located analog service (as defined in the *Technical Planning Guidelines*), from the start date?

- Yes
 No

a) state reasons why it is not practicable to achieve the same level of coverage and potential reception quality from the start date:

b) the date by which the same level of coverage and potential reception quality will be achieved for this digital transmitting facility:

c) list details of measures proposed to be taken to achieve the same level of coverage and potential reception quality as soon as practicable:

d) give reasons why it is not practicable to achieve this objective by an earlier date:

Continuity of service

11. Do you propose continuous transmissions in SDTV digital mode from this site, or a co-located site, for the entire simulcast period?

- Yes
 No

If **no**, please give reasons:

Proposed emission characteristics

12. Are the technical specifications (site, emission characteristics, ERP and radiation pattern) of this digital transmitting facility consistent with those set down in the relevant Digital Channel Plan?

- Yes
 No

The ACMA recognises that in some cases the radiation pattern specified in the DCP may not be realisable. In these cases, please consult with the ACMA to ensure the radiation pattern provided at question 18 reflects the actual antenna system.

If **no**, please give reasons for any differences and attach broadcast interference calculations:

13. Will emissions use the reference modulation for planning purposes as defined in the *Technical Planning Guidelines* (64QAM, 2/3 code rate and 1/8 guard interval)?

- Yes
 No

If **no**, please detail the modulation mode(s) that will be used and attach broadcast calculations for the alternative modulation mode(s):

Excessive signal strength levels outside the licence area

14. Are excessive signal strength levels expected outside the licence area of the service (as defined in the *Technical Planning Guidelines*)?

- Yes
 No

If **yes**, please give details:

Operating the digital transmitting facility at an ERP outside the limitations

15. Do you propose to operate this digital transmitting facility at an ERP that exceeds any limitations defined in special conditions added to the technical specifications set out in the relevant Digital Channel Plan?

- Yes
 No

If **yes**, please provide:

a) evidence of measures taken to address the potential interference identified in the special conditions:

b) a copy of the relevant parts of the agreement with the affected operator indicating that this digital transmitting facility will not cause unacceptable interference to their services.

If copies of relevant parts of the agreement cannot be provided, please give reasons:

Interference to other services

16. Are transmissions from this digital transmitting facility likely to cause interference to services other than as identified in any special conditions added to the technical specification set out in the relevant DCP?

- Yes
 No

If **yes**, provide

a) details of the services likely to suffer interference:

b) evidence of measures taken to address the likely interference:

c) a copy of the relevant parts of the agreement with the affected operator indicating that this digital transmitting facility will not cause unacceptable interference to their services.

If copies of relevant parts of the agreement cannot be provided, please give reasons:

Sites and towers

17. Do you have access to the site and broadcasting tower you are proposing to use to transmit your service in digital mode?

- Yes
- No

If **no**, please explain why not:

18. Have you conducted consultations with other broadcasters about the co-location of this digital transmitting facility?

If **yes**, with whom:

If **no**, please explain why not:

19. Have you obtained the necessary clearances from all relevant third parties (e.g. local government planning approval to use the site, air safety clearance, environmental clearance) to ensure your proposed service is feasible at this site?

- Yes
- No

If **yes**, please indicate names of relevant bodies and attach evidence of clearances received.

If **no**, please give details and if appropriate, a likely timetable for obtaining clearance.

Test transmissions

20. Have you conducted test transmissions in digital mode from the proposed site?

- Yes
- No

If **yes**, please:

a) indicate the dates the tests were conducted:

b) indicate the ERPs used during the tests:

c) outline any problems encountered, including interference problems:

21. The ACMA requires a copy of any test transmission reports. Have reports been prepared for the test transmissions mentioned above?

- Yes
- No

If **no**, please explain why the reports have not been prepared:

If **yes**, please provide details of the test reports in the table below and provide copies.

Report date	Report title	Report author	If copy not attached, please indicate date to be provided

Execution clause (complete either A or B)

I/we certify that the statements in this application are true, complete and correct to the best of my/our knowledge and belief, and are made in good faith.

A – Execution clause

This application is made with the authority of the committee or board of the licensee dated this day on

DAY	MONTH	YEAR
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Presiding member of the board:

SIGNATURE	DATE
PRINT NAME	
POSITION IN ORGANISATION	

Secretary or other committee/executive officer:

SIGNATURE	DATE
PRINT NAME	
POSITION IN ORGANISATION	

B – Execution clause

Signed for and on behalf of by its authorised signatory:

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Signature of authorised signatory:

PRINT NAME	
POSITION IN ORGANISATION	DATE

ACMA USE ONLY

A copy of this form has been sent to Secretariat:

YES NO