

Remote licence areas 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 or misleading is also a serious offence.
- The ACMA is required by law to maintain a register of approved implementation plans. If this plan is approved, it will be made publicly available on the ACMA's website. If this plan is not approved, the ACMA will not disclose the information provided in this form unless required or authorised to do so by law.

Single applicants:

1. Complete all sections that require 'Applicant A' and 'Applicant A & B' to complete. Do not complete sections specified for 'Applicant B only' and 'joint-venture company'.

Joint applicants:

1. A joint application is only to be submitted when an election has been made under clause 6(7B) of Schedule 4 to the *Broadcasting Services Act 1992* (the Act) to multi-channel two existing services in digital mode with a third service allocated to a joint-venture company under subsection 38B(5) of the Act.

2. An implementation plan must be submitted by the licensee for the smaller of the two licence areas that were amalgamated for the purposes of section 38B of the Act and a separate implementation plan must be submitted by the licensee for the larger of the two licence areas (e.g. Remote and Regional WA TV1 or Remote Central and Eastern Australia TV1), that were amalgamated for the purposes of section 38B of the Act.

- The two implementation plans must be submitted at or around the same time and will be assessed together by the ACMA.
- The ACMA will not assess the two implementation plans separately.

3. First implementation plan: 'Applicant A' is the licensee of the smaller of the two licence areas that were amalgamated for the purposes of section 38B of the Act and 'Applicant B' is the joint-venture company that will deliver the additional section 38B service.

- This implementation plan refers to the smaller of the two licence areas that were amalgamated for the purposes of section 38B of the Act.

- Implementation Plans may be submitted in 'series'.
 - The implementation plan must be executed by both 'Applicant A' and 'Applicant B'.
4. Second implementation plan: 'Applicant A' is the licensee for the larger of the two licence areas that were amalgamated for the purposes of section 38B of the Act. 'Applicant A' should complete all sections that require 'Applicant A' and 'Applicant A & B' to complete. There is no 'Applicant B', however, the joint-venture company must execute the implementation plan.
 - This implementation plan refers to the larger of the two licence areas that were amalgamated for the purposes of section 38B of the Act.
 - The ACMA expects implementation plans for the larger licence area to be submitted in 'series' in order to be submitted at or around the same time as the implementation plans that are submitted by the licensee for the smaller licence area.
 - The implementation plan must be executed by both 'Applicant A' and the joint-venture company.
 - In the event that the geographic area referred to in this plan is serviced by two or more joint-venture companies delivering section 38B services, please copy the last page of this plan to allow for more than one joint-venture company to execute the plan.
- Strict compliance with this form is required.

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 A details To be completed by the holder of a commercial television broadcasting licence in remote licence areas only

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

<input type="text"/>	<input type="text"/>
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Applicant B details

To be completed by the holder of a commercial television broadcasting licence in remote licence areas only

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

<input type="text"/>	<input type="text"/>
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ACMA USE ONLY

File number

Client number

<input type="text"/>	<input type="text"/>
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Transaction number

Approved

Not Approved

Applicants A & B to complete this section (1-6)

Submission of implementation plan

1. Does this implementation plan apply to two (2) holders (Applicants A and B) each of which proposes to provide a service in digital mode on the same channel following an election made under subclause 6(7B) of Schedule 4 to the *Broadcasting Services Act 1992*?

- Yes
- No

If **yes**, questions 2-6 and 12-22 (inclusive) are to be answered jointly by Applicants A & B, while questions 7-11 (inclusive) are to be answered independently by Applicants A & B.

If **no**, all questions (2-22) inclusive are to be answered by "Applicant A" and any reference to "Applicant B only" and "joint-venture company" are to be disregarded.

2. Does this implementation plan constitute the plan for 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 4.

3. If this plan is the first in a series of plans, 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		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
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22		
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24		
25		

4. If the plan is subsequent to the first in a series of plans, 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)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
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21			
22			
23			
24			
25			

Changes to approved plans

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

- Yes
- No

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

NUMBER	DATE APPROVED
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Indicate the change being made:

State the reason for change:

Digital channel plan (DCP)

The remainder of this plan (questions 6-22 inclusive) must be completed for each digital transmitting facility (copy the remainder of this plan).
6. Provide the following details of digital transmissions to be implemented.

Name of DCP:

DCP Part number:

Date of DCP:

Technical specifications

Start date for the transmitting facility:

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Date same coverage and potential reception quality objective achieved:

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If not same date, provide reason, e.g. need to resolve interference issues:

Applicant A service start date:

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Applicant B (section 38B) service start date:

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Transmitter site

General area served (coverage area):

State:

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Analog transmitter coverage areas covered by this transmitter:

Technical Specifications Number (as specified in the DCP):

TS Number:

Attachment Number:

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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 (e.g. satellite, microwave, off air from [site])

Output radiation pattern

Attach a diagram of the horizontal radiation pattern for the transmitting facility. The diagram must 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)

Applicant A to complete this section (7-11)

Coverage

7. 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 since Schedule 4 to the *Broadcasting Services Act 1992* commenced (27 July 1998)?

- Yes
- No

If **yes**, provide details:

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

- Yes
- No

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

a) 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**, provide a copy of the relevant parts of the agreement.

If copies of the relevant parts of the agreements are not provided, give reasons for not providing them.

Expected coverage of digital transmitting facility

9. 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 coverage, provide details of the maximum operating ERP of the analog transmitting facility and attach a horizontal radiation pattern for the analog transmitting facility:

If **no**,

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

c) provide details of antenna height and location of the analog transmitting facility:

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

e) 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 transmitting facility not covered by this digital transmitting facility:

10. If you answered **yes** to question 9, 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 transmitting facility (as defined in the Broadcasting Services (Technical Planning Guidelines) 2007), 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) state 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, give reasons:

**Applicant B to complete this section (7-11)
Continuity of service**

Questions 7 to 10 are not relevant to Applicant B.

11. Do you propose continuous transmissions in SDTV digital mode from this site, or a co-located site, from the date of commencement of the service?

- Yes
- No

If no, give reasons:

**Applicants A & B to complete this section (12-22)
Single frequency network**

12. Is the transmitting facility co-channelled with other facilities that are assigned 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?

Proposed emission characteristics

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

- Yes
- No

The ACMA recognises that in some cases the radiation pattern specified in the DCP may not be realisable. In these cases, consult with the ACMA to ensure the radiation pattern provided at question 6 reflects the actual antenna system.

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

14. Will emissions use the reference modulation for planning purposes as defined in the Broadcasting Services (Technical Planning) Guidelines 2007 (64QAM, 2/3 code rate and 1/8 guard interval)?

- Yes
- No

If **no**, 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

15. Are excessive signal strength levels expected outside the licence area of the service (as defined in the Broadcasting Services (Technical Planning) Guidelines 2007)?

- Yes
- No

If **yes**, give details:

Operating the digital transmitting facility at an ERP outside the limitations

16. Will the digital transmitting facility be operated at an ERP that exceeds any limitations defined in special conditions added to the technical specifications set out in the relevant DCP?

- Yes
- No

If **yes**, 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, give reasons:

Interference to other services

17. 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, give reasons:

Sites and towers

18. Do either Applicant A or Applicant B (or both) have access to the site and broadcasting tower from which the service(s) will be transmitted in digital mode?

Yes

No

If **no**, explain why not:

19. Has consultation been undertaken with other broadcasters about the co-location of this digital transmitting facility?

If **yes**, with whom:

If **no**, explain why not:

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

Yes

No

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

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

Test transmissions

21. Have test transmissions been conducted in digital mode from the proposed site?

Yes

No

If **yes**:

a) indicate the dates the tests were conducted:

b) indicate the ERPs used during the tests:

c) outline any problems encountered, including interference problems:

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

Yes

No

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

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

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

Applicant A Execution clause (complete either 1 or 2)

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.

1 – Execution clause

This application is made with the authority of the board of the licensee.

Dated this day

DAY	MONTH	YEAR
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Director:

SIGNATURE	DATE
PRINT NAME	
POSITION IN ORGANISATION	

Secretary/director:

SIGNATURE	DATE
PRINT NAME	
POSITION IN ORGANISATION	

2 – Execution clause

Signed for and on behalf of the licensee by its authorised agent:

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Signature of authorised agent:

SIGNATURE	DATE
PRINT NAME	
POSITION IN ORGANISATION	

Applicant B (Joint venture company) Execution clause (complete either 1 or 2)

Please copy this page if more than one joint-venture company is required to execute this form. See explanatory notes on front page.

If more than one joint-venture company is executing this form, please indicate which transmitting facilities are relevant to this execution clause, (noting that if no transmitting facilities are specified below, it will be taken that 'all' transmitting facilities referred to in this form are relevant to this execution clause):

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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.

1 – Execution clause

This application is made with the authority of the board of the licensee

Dated this day

DAY	MONTH	YEAR
-----	-------	------

Director:

SIGNATURE	DATE
PRINT NAME	
POSITION IN ORGANISATION	

Secretary/director:

SIGNATURE	DATE
PRINT NAME	
POSITION IN ORGANISATION	

2 – Execution clause

Signed for and on behalf of the licensee by its authorised agent:

--

Signature of authorised agent:

PRINT NAME	
POSITION IN ORGANISATION	DATE

ACMA USE ONLY

A copy of this form has been sent to Secretariat:

YES NO