

Application for digital television retransmission apparatus licence(s) in the Broadcasting Services Bands



Effective from August 2023

About this form

- This form must be used when seeking authorisation to operate a radiocommunications transmitter within the broadcasting services bands to retransmit or rebroadcast television in digital.
- Note that information in this form will be used by the ACMA in deciding whether to make spectrum available under section 34 of the *Broadcasting Services Act 1992*. If the ACMA does not decide to make spectrum available, it must not issue an apparatus licence in that spectrum.
- This form must be used when seeking variation to existing licence conditions.
- Please read the explanatory notes before completing this form.
- Please read the 'Retransmission of broadcasting services ACMA policy' before completing this form, available from: [Retransmit TV and radio channels | ACMA](#).
- Only one application is required for each retransmission site.
- Please print clearly. Unclear or incomplete applications may delay processing.

Please note:

- The ACMA apparatus licences authorise the use of the spectrum for the provision of digital retransmission services within the conditions applied to the licences. The act of issuing the licences does not guarantee access to all the other elements necessary to provide the retransmission (for example, access to the site, tower, power or program content).

- Giving false or misleading information is a serious offence. Providing documents that are false and misleading is also a serious offence.

Disclosure of personal details:

- Information provided in the fields marked with an asterisk (*) is required, by section 147 of the *Radiocommunications Act 1992*, to be disclosed to the public by the ACMA in a [Register of Radiocommunications Licences](#).

Definitions and licensing legislation:

- If you need more information about the definitions and licence conditions, please contact the ACMA (details below).

Disclaimer

- A transmitter licence does not confer an exclusive right to broadcast in the licensed area.

When to send this form:

- Applicants must submit their applications at least 8–12 weeks before the proposed commencement date.

Where to send this form:

Email to: info@acma.gov.au

Post to: Australian Communications and Media Authority
Customer Service Centre
PO Box 78
BELCONNEN ACT 2616

Further information

- For more information, please telephone 1300 850 115 or email info@acma.gov.au.

SECTION 1: Key summary

Application type (PLEASE TICK ONE)

- New application Variation to an existing application

Source type (PLEASE TICK ALL THAT APPLY)

- D1 Satellite input VAST Satellite input Off-air input
(ABC & SBS distribution feed)

Site

General area served <small>For ACMA reference</small>	
Coverage area	LIST TOWNS / LOCAL GOVERNMENT AREAS
Technical Specification Number	IF KNOWN

Service(s) to be retransmitted (PLEASE TICK ALL APPLICABLE)

ABC	SBS	NETWORK 7/ AFFILIATE	NETWORK 9/ AFFILIATE	NETWORK 10/ AFFILIATE
<input type="checkbox"/> ABC1	<input type="checkbox"/> SBS ONE	<input type="checkbox"/> Seven/ Southern Cross Central/GWN7	<input type="checkbox"/> Nine/ Imparja/ WIN /NBN	<input type="checkbox"/> Ten / Southern Cross Ten/ Ten Central / Ten West
<input type="checkbox"/> ABC2/ ABC 4 kids	<input type="checkbox"/> SBS TWO	<input type="checkbox"/> 7TWO	<input type="checkbox"/> GO!	<input type="checkbox"/> ONE
<input type="checkbox"/> ABC3	<input type="checkbox"/> SBS HD	<input type="checkbox"/> 7mate	<input type="checkbox"/> GEM	<input type="checkbox"/> ELEVEN
<input type="checkbox"/> ABC News 24				
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Proposed commencement date

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SECTION 2: Applicant's details**Self-help provider category** (PLEASE TICK ONE)

Local government Not for profit body Mining Gas/oil company Other

Client number (if known)**ACN or ABN*** (if applicable)

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Applicant name* (licensee name)

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Trading name* (if applicable)

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Contact person

TITLE	GIVEN NAMES	SURNAME

Position in organisation

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Email

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Postal address*

State		Postcode	

Residential or business address* (if the same as postal address, please print 'as above')

State		Postcode	

Telephone numbers

Telephone	()	Mobile	
Facsimile	()		

SECTION 3: Installer/technical contact (if applicable)**Trading name**

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Contact person

TITLE	GIVEN NAMES	SURNAME
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Email

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Postal address

State		Postcode	

Telephone numbers

Telephone	()	Mobile	
Facsimile	()		

Please tick if you would prefer the ACMA to contact the installer/technical contact provider, in the first instance, regarding additional technical information provided on this application.

SECTION 4: Declaration**Note: this declaration must be filled out by the applicant and not the service provider/installation company.**

I/We declare and acknowledge the following:

PLEASE TICK

- I/we have read and understand the obligations and expectations of a licensee of a digital television retransmission service as detailed in the ACMA's Retransmission of broadcasting services policy at ([Retransmit TV and radio channels | ACMA](#)) including but not limited to:
 - o services to be provided in the same definition (for example, HD or SD) as the source service;
 - o that an EPG is available; and
 - o that service information include the following: program classification information, Now/Next, logical channel numbering (in accordance with the applicable standard or operating practice), Time and Date Table and Time Offset Table.
- I/we undertake to operate in accordance with the apparatus licence conditions imposed on the licence.
- I/we understand that neither the ACMA nor the Australian Government will contribute to any of the costs required to provide the service, or maintain or upgrade equipment, even if that upgrade is required because of an act of the ACMA or the Australian Government (e.g. a change to channel allocations required under the restack process for clearing the digital dividend spectrum). Any associated costs would be the licensee's responsibility.
- I/we note that a service retransmitted from VAST may be impacted by changes made to the satellite platform. If this occurs, I/we understand that the licensee of the retransmission services is responsible for any costs associated with responding to such changes.
- If this application for an apparatus licence is successful I/we undertake to notify the ACMA of when I/we intend to begin retransmitting.
- In making this application, I/we have not relied on any representation made by the ACMA, its officers, employees or agents.
- The information provided in this application and in any accompanying documents is true and correct. I/we understand that it is a serious offence to provide false or misleading information.
- Any attachment required by this application form constitutes part of this application form.
- The equipment to be employed is of a type which meets the requirements set out in the *Radiocommunications Act 1992*.

Corporate applicants**Director**

SIGNATURE	DATE
PRINT NAME AND TITLE	

Secretary or director

SIGNATURE	DATE
PRINT NAME AND TITLE	

Applicants who are individuals

SIGNATURE	DATE
PRINT NAME AND TITLE	

SECTION 5: Licence information

Requested licence period

Licences for retransmission services may be issued for periods up to 5 years; Please indicate the preferred period below.

- One year
 Two years
 Three years
 Four years
 Five years

Preferred payment options for licence fee

Licences issued for periods up to and including one year must be paid for in full at the time of application. Licences issued for longer periods may be paid for in full at the time of application or by annual instalments.

- Full payment
 Annual instalments

SECTION 6: Transmission site details

Is this a new tower/mast/pole being built for these services or an existing radcoms/broadcast tower/mast/pole?

- New**
 Existing: ACMA site ID (if known) _____

The ACMA needs to confirm, as accurately as possible, the location of the transmission tower. Please provide a map of the site as an attachment.

- I/we have attached a high resolution satellite image of the location of the transmitter tower/mast/pole and the proposed coverage around the site. NB. This may be done by drawing a rough guide around the site (a screen grab of an online map with a pin marking the site and drawing a rough guide around the site. If you are using Google Earth, draw a polygon around the site).

Latitude

Longitude

DEGREES MINUTES SECONDS	DEGREES MINUTES SECONDS
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Proposed coverage *If you have not provided a map detailing the coverage area*

	Kilometres
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- Any photos of the site or of the location of the site, if not yet constructed.
 A photo from the site towards the intended coverage area.

SECTION 7: Other transmissions

What, if any, other television transmissions (including analog TV) are provided from this or nearby transmission sites?

	ABC	SBS	NETWORK 7/ AFFILIATE	NETWORK 9/ AFFILIATE	NETWORK 10/ AFFILIATE
Radiofrequency channels					
ACMA site ID					
Antenna					
Co-sited (Y/N)					

Are there any FM radio and/or radiocommunications transmissions provided from this or nearby transmission sites? E.g. police/ fire authority/ telecommunication operators. Please provide as much detail as you can, within reason.

Is it proposed to duplicate television transmissions already available in the area? E.g. Government funded ABC transmissions from nearby site

SECTION 8: Retransmission source

	ABC	SBS	NETWORK 7/ AFFILIATE	NETWORK 9/ AFFILIATE	NETWORK 10/ AFFILIATE
Source e.g. VAST, D1, Off-air					
Input callsign(s) (if off-air)					
Input freq. or channel (if off-air)					

VAST satellite input equipment Please detail what equipment will be used to receive and transcode the content

Off-air transmitter location (if applicable)

IF APPLICABLE

Applicants wishing to retransmit commercial television broadcasting services outside the licence area of that commercial television service must attach additional information addressing the matters listed in the explanatory notes.

Is the retransmission source out-of-area? (PLEASE TICK ONE)
 No Yes If yes, in what licence area is the transmission source located: _____

SECTION 9: Emission details

Antenna polarisation* (PLEASE TICK ONE)
 Horizontal Vertical Other: _____

Antenna type (if applicable)

MAKE	MODEL	MANUFACTURE	GAIN	dB/dBd

Combiner information (if applicable)

MAKE	MODEL	MANUFACTURER

Transmitter(s) information (if applicable)

MAKE	MODEL	MANUFACTURER

Feeder information (if applicable)

MAKE	MODEL	MANUFACTURE	LOSS / METER	dB/m

Antenna height*	Antenna azimuth angle of maximum radiated power
ABOVE GROUND (AGL)	

Radiation Pattern attached (PLEASE TICK ONE)
 Yes No

Additional antenna information

e.g. two levels by one side panel array

Support structure (if known)

HEIGHT	TYPE (e.g. self supporting tower, mast, guyed mast, pole, water reservoir)
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Preferred channel(s)*

ABC	SBS	NETWORK 7/ AFFILIATE	NETWORK 9/ AFFILIATE	NETWORK 10/ AFFILIATE
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Note: The ACMA may not be able to allocate the preferred frequency/channel.

	ABC	SBS	NETWORK 7/ AFFILIATE	NETWORK 9/ AFFILIATE	NETWORK 10/ AFFILIATE
Transmitter rated power* (watts)					
Effective radiated power* (watts)					

Note: Please specify as ERP or EIRP

Explanatory notes

These notes provide detailed advice on how to fill in the appropriate sections

SECTION 1: Key summary

This section is to gather information about the services that are proposed to be retransmitted.

General area served: The ACMA uses a name to define the services. If these are existing services or the ACMA has already suggested a name please use this name e.g. Wide Bay.

Coverage area: This is a list of towns or local government areas to give us an idea which communities, towns or areas you anticipate would receive the services. Refer to section 5 where we ask for a detailed coverage area.

Services to be retransmitted: Please indicate which programs are proposed to be retransmitted. In some coverage areas, broadcasters may already be providing one or more transmissions which may not need to be retransmitted. Sometimes only one broadcaster's programs need to be retransmitted.

Where the input source is VAST, retransmissions should look similar to the relevant broadcaster's terrestrial services for that state. For example, retransmissions in the Northern Territory should look similar to the Alice Springs transmissions. Similarly, reference transmissions could be the Ceduna/Smoky Bay transmissions for South Australia; the Charleville transmissions for Queensland; the Lightning Ridge transmissions for New South Wales; and the Albany transmissions for Western Australia.

SECTION 2: Applicant details

Applicant details are the details of the body or person that will hold the apparatus licence, if issued. The licensee will be the party responsible for maintaining and resolving any issues with the service.

SECTION 3: Installer/technical contact

Installer/ technical contact: This is the ACMA's first point of contact in regards to technical questions in confirming the licensing details (if applicable).

SECTION 4: Declaration

We require indication of compliance with the guidelines. The guidelines and further information can be found at [Retransmit TV and radio channels | ACMA](#)

Note: This declaration must be filled out by the applicant and not by the service provider/installation company.

SECTION 5: Licence information

ACMA may not be able to issue licenses for the requested period (1 year minimum is anticipated at least) should identified channels be impact by the upcoming restack process.

SECTION 6: Transmission site details

For either a new site or a site where the technical specification number has not been confirmed with the ACMA, it is essential that a map is provided as an attachment. The location of the antenna at the transmitter site should be clearly and precisely marked, as in the example to the right. A screen grab of an online map with a pin marking the site is sufficient.

High resolution satellite images, available from internet websites such as Google Map, Google Earth and many of the state mapping authorities, are an excellent source.

Optional: it is extremely useful for the ACMA to have as much detail of the site and its anticipated coverage area when assessing the applications. Where possible, please provide any existing pictures of the site and an estimated coverage area on the map marking the site.



SECTION 7: Other transmissions

Providing as much information as possible about other transmissions will assist the ACMA to optimise the planning of the services and identify/minimise any potential interference problems.

SECTION 8: Retransmitting content sourced from outside licence area

Applicants wishing to retransmit commercial television broadcasting services outside the licence area of that service should provide additional information addressing the following matters:

- whether there is an existing out-of-area retransmission in analog mode for which the ACMA previously granted permission;
- whether there is a community of interest between the target audience of the source feed and the audience of the proposed retransmission (note that an existing analog out-of-area retransmission could represent a prima facie evidence of a community of interest, otherwise additional evidence may have to be provided by the applicant);
- the technical and cost feasibility of alternative options for providing commercial television services to audiences (e.g. DTH VAST services; VAST-fed retransmission) compared to the out-of-area proposal; and
- any existing sunk-costs invested by the self-help provider (e.g. the Council) for the provision of an analog out-of-area retransmission that would be affected by the outcome of the decision.

SECTION 9: Emission details

Providing as much information as possible about the transmission equipment and emission details will assist the ACMA to optimise the planning of the services.

- If providing gain information for antennas, please clearly state if this is dBi or dBd.
- Provision of a detailed radiation pattern will assist the ACMA tailor the service transmission envelope and will increase the likelihood of identifying suitable spectrum.