

ASSESSMENT OF INADEQUATE RECEPTION OF BROADCASTING SERVICES

In the application to the ABA, the applicant must attach a statutory declaration and must include the following wording: "I declare the details in the attached form *Assessment of Inadequate Reception of Broadcasting Services* to be true and correct." (See attached form). Giving false or misleading information is a serious offence. **Note:** as part of its consultation with the broadcaster(s) that are licensed to serve a particular area, the ABA intends to disclose the business details of the person making the declaration to the licensed broadcaster(s) of the area. If the person making the declaration has any objections to the disclosure of its business details, it should advise the ABA in this application.

APPLICANT:

Business name	SEVEN CENTRAL
Postal address	P O BOX 1016, TOWNSVILLE QLD 4810
Contact person	JACQUI PHILLIPS
Telephone contact / Facsimile No.	1800 501 063/(07) 4726 2109

VIEWER

Name	<input type="text"/>	
Address or location	<input type="text"/>	Nearest town/centre <input type="text"/>
Latitude	<input type="text"/>	
Longitude	<input type="text"/>	
Postal address (if different)	<input type="text"/>	
Telephone no.	<input type="text"/>	
Facsimile no.	<input type="text"/>	
Email address:	<input type="text"/>	

TELEVISION ONLY – Is Digital terrestrial transmission operating? Yes No

If yes, has the viewer been informed of the costs of satellite receiving equipment compared to digital terrestrial television standard definition receiving equipment, including set top boxes? Yes No (*This is a legislative requirement*)

SATELLITE RECEIVING EQUIPMENT:

(As proposed to be installed)

Model	<input type="text"/>
Serial number	<input type="text"/>

Smartcard number	<input type="text"/>
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ASSESSMENT OF RECEPTION QUALITY:	<i>Television reception to be measured using a dedicated antenna 10 metres above ground level.</i>		
Broadcasting licence area(s) Eg Sydney area; Newcastle area:	<input type="text"/>		
Services licensed in the area Eg Prime, WIN, Capital.	Service 1:	Service 2:	Service 3:
Channel and Frequency	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transmission site	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measured terminal voltage in dBuV	<input type="text"/>	<input type="text"/>	<input type="text"/>
Antenna used for test Brand Model Gain	<input type="text"/> <input type="text"/> <input type="text"/> db	<input type="text"/> <input type="text"/> <input type="text"/> db	<input type="text"/> <input type="text"/> <input type="text"/> db
Cable used for test Type Length Loss	<input type="text"/> <input type="text"/> <input type="text"/> db	<input type="text"/> <input type="text"/> <input type="text"/> db	<input type="text"/> <input type="text"/> <input type="text"/> db
Masthead amplifier (if used) Brand Model Gain	<input type="text"/> <input type="text"/> <input type="text"/> db	<input type="text"/> <input type="text"/> <input type="text"/> db	<input type="text"/> <input type="text"/> <input type="text"/> db
Calculated Field Strength in dBuV/m	<input type="text"/> dBuV/m	<input type="text"/> dBuV/m	<input type="text"/> dBuV/m
ITU Picture Quality Grade	<input type="text"/>	<input type="text"/>	<input type="text"/>
Short description of reception in words (eg 'No picture,' 'Severe ghosting,' 'inaudible,' 'impulse noise') **	<input type="text"/>	<input type="text"/>	<input type="text"/>
Field strength meter used Make and model	<input type="text"/>		

*Reference: ITU Picture Quality Scale

ITU Grade	Picture Quality	Impairment
5	Excellent	Imperceptible
4	Good	Perceptible
3	Fair	Slightly annoying
2	Poor	Annoying
1	Bad	Very annoying

** Please attach additional pages if further space is required.

(Optional) How long did it take to complete this form?