**TABLE 1: (interest for operating a small scale DAB multiplex only)**

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| **Information required for expressions of interest for operating a small scale DAB multiplex** |
| **Organisation Name:** |  |
| Contact name:Address: (Inc. post code)Email address:Phone number: |  |
| Preferred coverage area(s):(please provide written details noting coverage should be less than 40% of the area of the existing local DAB multiplex service area[[1]](#footnote-1)) |  |
| Confirmation you have attached a map (or maps if you are interested in multiple coverage areas) clearly showing:* main population centres and roads in/around the proposed service area
* lines indicating the area proposed for coverage
* a cross showing each of the proposed transmitter location(s)
 |  |
| Confirmation that you have completed Table 2 for each coverage area in which you are expressing an interest, indicating technical parameters for each transmitter site |  |
| Have any programme services been identified for your proposed multiplex? If yes, please provide details |  |
| Any other information you wish to share with Ofcom(for example: interest in other coverage areas, experience of operating DAB multiplexes) |  |

**TABLE 2: (interest for operating a small scale DAB multiplex only)**

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| --- |
| **Transmission parameters (repeat this section for each of your potential sites)** |
| Address of site:(including postcode) |  |
| NGR of site:(in AB123456 format) |  |
| Structure type:(for example: building, mobile phone mast) |  |
| Site height: (in metres) |  |
| Aerial height:(in metres above ground level) |  |
| Aerial location:(for example: mounted on lift housing, on side of mast) (if known) |  |
| Type of aerial and bearing:(for example: 3 element yagi, co-linear) and pattern if available |  |
| Proposed radiated power (ERP):(if known) |  |

**TABLE 3: (interest for a service to be carried on a small scale DAB multiplex only)**

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| **Information required for expressions of interest for a service to be carried on a small scale DAB multiplex** |
| **Organisation Name:** |  |
| Contact name:Address: (Inc. post code)Email address:Phone number: |  |
| Preferred coverage area:(please provide written details noting coverage should be less than 40% of the area of the existing local DAB multiplex service area) |  |
| Confirmation you have attached a map (or maps if you are interested in multiple coverage areas) clearly showing:* lines indicating the area you would like your service to be available in
 |  |
| Any other information you wish to share with Ofcom(for example: interest in other coverage areas, experience of operating DAB services) |  |

1. Details of the existing local multiplexes is available at <https://www.ofcom.org.uk/tv-radio-and-on-demand/information-for-industry/radio-broadcasters/coverage/dab-coverage-plans> [↑](#footnote-ref-1)