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

|  |  |
| --- | --- |
| **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)**

|  |  |
| --- | --- |
| **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)**

|  |  |
| --- | --- |
| **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)