

# ESTA MANAGED STATE-OWNED INFRASTRUCTURE LEVEL 1 – REQUEST FOR INITIAL ASSESSMENT



ESTA Registered Number \_\_\_\_\_

## CHECKLIST (Have you?)

- |  |  |
|--|--|
| <input type="checkbox"/> Filled in the form completely   | <input type="checkbox"/> Paid the Initial Assessment Fee   |
| <input type="checkbox"/> Signed the Confidentiality Deed | <input type="checkbox"/> Accepted the Terms and Conditions |

## ABOUT ESTA

The Emergency Services Telecommunications Authority (ESTA) is the statutory authority accountable for managing Triple Zero calls in Victoria, and providing and managing emergency operational communications for Police, Fire, Ambulance and the Victorian State Emergency Service. ESTA provides 24 x 7 x 365 Call-taking and Dispatch services. It also manages advanced, operational communications for Victoria's emergency services including the Mobile Data Network, Metropolitan Mobile Radio Service, and the State-wide Emergency Alerting System and ESTA Managed State-owned Infrastructure.

## SECTION A: PROPOSED LICENSEE DETAILS

Insert cross [ X ] or number boxes below

- |   |                       |  |
|---|-----------------------|--|
| <input type="checkbox"/> New Requestor                        | or                    | <input type="checkbox"/> Existing Licensee Requestor |
| <input type="checkbox"/> Single Site Agreement                | or                    | <input type="checkbox"/> Multiple Site Agreement     |
| <input type="checkbox"/> Proposed Term of Co-location (Years) | Proposed Rollout Date | __ / __ / ____                                       |

**Name of Requestor** \_\_\_\_\_

ABN: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Name of Contractor** \_\_\_\_\_

ABN: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

## **SECTION B: SITE DETAILS**

ACMA Site ID: \_\_\_\_\_

Site Address: \_\_\_\_\_

State \_\_\_\_\_

Name of Nearest Town/Locality: \_\_\_\_\_

Vic Road Map Reference: \_\_\_\_\_

## **SECTION C: CATEGORY TYPE**

Insert cross [ X ] in boxes below

### **Category of Licensee** *(Select one)*

- |  |   |
|--|---|
| <input type="checkbox"/> Publicly Funded Organisation        | <input type="checkbox"/> Commercial Operator            |
| <input type="checkbox"/> Community (Non-profit) Organisation | <input type="checkbox"/> Government Business Enterprise |
| <input type="checkbox"/> Emergency Services Organisation     |   |

### **Types of Facilities/ Access Required** *(More than one may be selected)*

- |  |   |
|--|---|
| <input type="checkbox"/> New Service                   | <input type="checkbox"/> Use of Access Easement |
| <input type="checkbox"/> Variation to existing service | <input type="checkbox"/> Equipment Housing      |
| <input type="checkbox"/> Relocation                    | <input type="checkbox"/> Antenna mounting       |
| <input type="checkbox"/> Use of site                   | <input type="checkbox"/> Tower access           |
| <input type="checkbox"/> Other (please specify) _____  |   |

### **Reason for use** (e.g. Radio Link, Base Station, Mobile Phone Base Station)

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### **Brief description of Proposal of Works and Schedule**

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## **SECTION D: REQUIREMENTS**

Insert cross [ X ] or number in boxes below

### **SITE REQUIREMENTS**

- |  |   |
|--|---|
| <input type="checkbox"/> Supply own Shelter/Cabinet          | Dimensions _____  |
| <input type="checkbox"/> Use ESTA's Existing Shelter/Cabinet | Air Conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No |

### **POWER REQUIREMENTS**

- |   |   |
|---|---|
| <input type="checkbox"/> Single Phase                 | or <input type="checkbox"/> Three Phase                   |
| <input type="checkbox"/> Own Meter                    | or <input type="checkbox"/> ESTA to supply                |
| <input type="checkbox"/> Standby Generator Connection | <input type="checkbox"/> Annual Service Consumption (kWh) |
| <input type="checkbox"/> Min CB Size A                | <input type="checkbox"/> Maximum Demand A                 |

### **TECHNICAL SPECIFICATIONS** *(More than one may be selected. Please complete the Equipment Schedule and attach to this Request form)*

- |   |  |
|---|--|
| <input type="checkbox"/> Tower space          | <input type="checkbox"/> Rack space      |
| <input type="checkbox"/> Additional equipment | <input type="checkbox"/> Other (specify) |

## **SECTION E: TERMS & CONDITIONS**

The Applicant acknowledges that this request for an initial assessment does not guarantee acceptance to proceed to Level 2 – Detailed Design to co-locate on ESTA Managed State-owned Infrastructure.

The Applicant acknowledges that it has physically visited the site and submits this request in accordance to the suitability and existing condition of the facility and structure.

The initial assessment will be performed after the Initial Assessment Fee of \$1,100 (GST inclusive), signed Request for Initial Assessment form and Equipment Schedule have been received. The Assessment Fee will cover the costs for the State to conduct an initial technical, operational and commercial feasibility on the Site named above.

The Assessment Fee is non-refundable and ESTA does not accept responsibility for the outcome of the initial assessment. ESTA will notify the Requestor within 10 business days of the commencement of the Initial Assessment.

The Applicant agrees to co-operate with the State, to keep information confidential and not to disclose site details and correspondence to the public and/or parties outside the Request for Initial Assessment Form and has signed a Confidentiality Deed.

- I have accepted the Terms and Conditions (insert X in the box).

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**Applicant (Print Name)**

**Signature**

**Position**

**Date Signed**

# EQUIPMENT SCHEDULE (attach to Request for Initial Assessment form)

Applicant \_\_\_\_\_ ESTA Registered Number \_\_\_\_\_ Date Submitted \_\_/\_\_/\_\_\_\_

## Tower Space Requirements

Proposal	Quantity	Antenna/Dish Make	Antenna/Dish Model	System	Destination	Height (m)	Face/Leg	Wind load in (kN) @ 160km/h (or specify)	Bearing	Polarisation	Tx and Rx Frequency	Feeder Size	Feeder Quantity

## Shelter/ Cabinet/ Compound Requirements (in ESTA's Equipment Building)

Equipment Type	Make/Model	No. of Rack Spaces	No. of Rack Units	Area (sqm)	Width (mm)	Depth (mm)	Transmit Power	Heat Dissipation