

SPACE TEST PROGRAM FLIGHT REQUEST						DATE (YYYYMMDD)
PART I - REQUEST FOR SPACEFLIGHT						
GUIDANCE: This form consists of 3 parts. Parts I and II must be filled out for all experiments. Part IIIA is for an experiment requesting flights on the Space Shuttle and/or International Space Station (ISS). Part IIIB is for an experiment requesting flights on Freeflyer. If an experiment can go on either the Shuttle/ISS or Freeflyer, both Parts IIIA and IIIB need to be completed.						
1. EXPERIMENT TITLE			2. SHORT TITLE/ACRONYM		3. EXPERIMENT NUMBER	
4. PRINCIPAL INVESTIGATOR (Required)						
a. NAME (Last, First, Middle Initial)			b. OFFICE SYMBOL	c. POSITION		d. EMAIL
e. TELEPHONE NUMBER(S) (Include Area Code)			f. SIGNATURE			g. DATE (YYYYMMDD)
COMMERCIAL	DSN	PAGER/MOBILE				
5. SPONSOR APPROVAL (Required)						
a. NAME (Last, First, Middle Initial)			b. OFFICE SYMBOL	c. POSITION		d. EMAIL
e. TELEPHONE NUMBER(S) (Include Area Code)			f. SIGNATURE			g. DATE (YYYYMMDD)
COMMERCIAL	DSN	PAGER/MOBILE				
6. OTHER PARTNER/SPONSOR ORGANIZATION						
a. NAME (Last, First, Middle Initial)			b. OFFICE SYMBOL	c. POSITION		d. EMAIL
e. TELEPHONE NUMBER(S) (Include Area Code)			f. SIGNATURE			g. DATE (YYYYMMDD)
COMMERCIAL	DSN	PAGER/MOBILE				
7. SERVICE/AGENCY APPROVAL						
a. NAME (Last, First, Middle Initial)			b. OFFICE SYMBOL	c. POSITION		d. EMAIL
e. TELEPHONE NUMBER(S) (Include Area Code)			f. SIGNATURE			g. DATE (YYYYMMDD)
COMMERCIAL	DSN	PAGER/MOBILE				
8. DESCRIPTIVE GRAPHIC (Insert file or cut and paste)						

DATE (YYYYMMDD)	EXPERIMENT TITLE	EXPERIMENT NUMBER
9. BACKGROUND		
10. OBJECTIVE		
11. DESCRIPTION <i>(Include descriptive web site address if applicable)</i>		

DATE (YYYYMMDD)	EXPERIMENT TITLE	EXPERIMENT NUMBER
12. EXPERIMENT COMPARISON/UNIQUENESS <i>(Explain how the proposed experiment differs from and/or is complementary to other similar efforts.)</i>		
13. RELEVANCE TO SPECIFIC DOD REQUIREMENTS <i>(Include list of key relevant source documents)</i>		
14. NEED FOR SPACEFLIGHT		
15. TECHNOLOGY TRANSITION PLANS		

DATE (YYYYMMDD)	EXPERIMENT TITLE	EXPERIMENT NUMBER		
PART II - GENERAL PROGRAM/SECURITY INFORMATION				
16. HARDWARE STATUS				
<input type="checkbox"/> CONCEPT	<input type="checkbox"/> BREADBOARD			
<input type="checkbox"/> DESIGN	<input type="checkbox"/> FLIGHT READY			
<input type="checkbox"/> UNDER CONSTRUCTION				
17. EXPERIMENT FUNDING (\$Millions Needed / \$Millions Secured)				
a. SOURCE	b. PRIOR FY FUNDS	c. CURRENT FY FUNDS	d. FUTURE FY FUNDS	e. TOTAL COST
	/	/	/	/
	/	/	/	/
	/	/	/	/
	/	/	/	/
	/	/	/	/
18. DESIGN-FREEZE DATE (Month and year)		19. FLIGHT READY DATE (Month and year)		
20. REQUESTED STP SERVICES				
<input type="checkbox"/> LAUNCH SERVICES/INTEGRATION	<input type="checkbox"/> PIGGYBACK FLIGHT	<input type="checkbox"/> OTHER (Sounding Rocket, Balloon, Micro-G Flight, etc.) (Specify):		
<input type="checkbox"/> SPACECRAFT ACQUISITION	<input type="checkbox"/> OPERATIONS/DATA DISTRIBUTION			
a. REPETITIVE OR INCREMENTAL FLIGHTS: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NUMBER OF FLIGHTS:				
b. FLIGHT MODE PREFERENCE (1 = Preferred, 2 = Acceptable, UA = Unacceptable)				
<input type="checkbox"/> SHUTTLE (Complete Section IIIA)	<input type="checkbox"/> ISS (Complete Section IIIA)	<input type="checkbox"/> FREEFLYER (Complete Section IIIB)	<input type="checkbox"/> OTHER (Complete Section IIIB)	
21. FLIGHT DATE (Month and Year)				
a. EARLIEST		b. PREFERRED	c. LATEST	
			<input type="checkbox"/> TBD	
d. RATIONALE				
22. ON ORBIT OPERATIONS: (STP only pays for the first year of on orbit operations per AFI 10-1202(I))				
ARE THEY FULLY FUNDED BEYOND THE FIRST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE				
23. DATA PROCESSING AND DISSEMINATION				
a. IS IT FULLY FUNDED? (Required per AFI-10-1202(I)) <input type="checkbox"/> YES <input type="checkbox"/> NO				
b. PLAN FOR DATA PROCESSING AND DISSEMINATION OF RESULTS				
24. GENERAL PROGRAM REMARKS				
25. SECURITY INFORMATION (State highest levels)				
a. EXPERIMENT OBJECTIVES	b. TIMELINE	c. EXTERNAL VIEW	d. FLIGHT HARDWARE	
e. FLIGHT SOFTWARE	f. EXPERIMENT DATA	g. RAW DATA	h. INTERNAL FEATURES	
i. OTHER CLASSIFIED ITEMS				
j. ARE ANY TECHNOLOGIES USED IN THIS EXPERIMENT LISTED IN THE MILITARY CRITICAL TECHNOLOGIES LIST (MCTL) OR THE US MUNITIONS LISTS?				
IF YES, ARE THEY CONTROLLED THROUGH THE INTERNATIONAL TRAFFIC IN ARMS REGULATION (ITAR)?				
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
k. ARE FOREIGN NATIONALS INVOLVED WITH THIS EXPERIMENT?				
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

DATE (YYYYMMDD)	EXPERIMENT TITLE	EXPERIMENT NUMBER
PART IIIA - TECHNICAL DETAILS: SPACE SHUTTLE/ISS		
26. FLIGHT OPTIONS		
a. SHUTTLE FLIGHT OPTIONS		b. ISS FLIGHT OPTIONS
<input type="checkbox"/> LOCKER	<input type="checkbox"/> CROSS-BAY	<input type="checkbox"/> EXPRESS PALLET (Unpressurized)
<input type="checkbox"/> CAPE	<input type="checkbox"/> OTHER (Specify):	<input type="checkbox"/> WINDOW OBSERVATION RACK FACILITY (Pressurized)
		<input type="checkbox"/> EXPRESS RACK (Pressurized)
		<input type="checkbox"/> OTHER (Specify):
27. STANDARD SUPPORT HARDWARE DESIRED		
<input type="checkbox"/> LOCKER		<input type="checkbox"/> OTHER (Specify):
<input type="checkbox"/> CANISTER FOR ALL PAYLOAD EJECTIONS/SPACE SHUTTLE PICOSAT LAUNCHER		
<input type="checkbox"/> EXPRESS PALLET ADAPTER PLATE		
28. MASS (kg)		29. PHYSICAL DIMENSIONS (cm)
a. TOTAL PAYLOAD	b. EXPENDABLES	
		X X
		30. TOTAL VOLUME (cc)
		31. EXTENSIONS BEYOND PAYLOAD BAY ENVELOPE?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
32. POWER (W)		33. MISSION DURATION (Months or Days)
a. STAND-BY	b. NOMINAL	a. MINIMUM
		b. NOMINAL
		c. MAXIMUM
		<input type="checkbox"/> TBD
34. ORBITAL PARAMETERS		
a. NOMINAL SHUTTLE/ISS PARAMETERS (370 - 407 km, 51.6 degrees) ACCEPTABLE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
b. DESIRED APOGEE (km)	c. DESIRED PERIGEE (km)	d. DESIRED INCLINATION (Degrees)
+ -	+ -	+ -
e. ALTERNATE ORBITS (Acceptable, if primary orbit is unavailable)		
f. REMARKS		
35. ORIENTATION REQUIREMENTS (Comment where applicable)		
a. ISS NOMINAL (+/-15 degrees roll/yaw, -10 to +20 degrees pitch) ACCEPTABLE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
b. X-AXIS	c. Y-AXIS	d. Z-AXIS
e. OTHER REQUIREMENTS		f. VIEWING REQUIREMENTS
		<input type="checkbox"/> WAKE
		<input type="checkbox"/> NADIR
		<input type="checkbox"/> WINDOW (Nadir)
		<input type="checkbox"/> ZENITH
		<input type="checkbox"/> OTHER (Specify):
		<input type="checkbox"/> RAM
		<input type="checkbox"/> NOT APPLICABLE
g. REMARKS		
36. STABILIZATION REQUIREMENTS (Pointing Accuracy (degrees)/pointing knowledge (degrees/axis))		
a. ISS NOMINAL (control: 3.5 deg/axis/orbit; rate: 0.02 deg/sec/axis; knowledge: 3 deg/axis) ACCEPTABLE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
b. LINE-OF-SIGHT	c. ROLL ABOUT LINE-OF-SIGHT	d. JITTER OR DRIFT CONTROL
/	/	/
e. EXPERIMENT PROVIDED POINTER		
f. REMARKS		
37. MAJOR MOVEMENTS		
a. TRACK		
b. SLEW		
c. OTHER MOTIONS		
d. REMARKS		

DATE (YYYYMMDD)	EXPERIMENT TITLE	EXPERIMENT NUMBER
38. ASTRONAUT PARTICIPATION		
a. REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	b. FUNCTION <input type="checkbox"/> MONITORING <input type="checkbox"/> COMMAND AND CONTROL <input type="checkbox"/> ANALYSIS <input type="checkbox"/> OTHER (Specify): _____	c. NON-U.S. ASTRONAUT PARTICIPATION ACCEPTABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
d. DESCRIPTION OF ASTRONAUT DUTIES		
39. GROUND SUPPORT REQUIREMENTS DURING FLIGHT		
40. EPHEMERIS REQUIREMENTS		
41. TELEMETRY AND DATA HANDLING		
a. DATA STORAGE (Bits per orbit)	b. DATA OUTPUT RATE (bps) NOMINAL MAXIMUM	c. COMMAND REQUIREMENTS <input type="checkbox"/> REAL-TIME <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> NEAR REAL-TIME
d. SPECIAL REQUIREMENTS		
e. REMARKS		
42. CONTAMINATION CONTROL REQUIREMENTS?		
<input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, explain): _____		
43. SPACE SHUTTLE/ISS SAFETY		
a. POSSIBLE HAZARDS		
RADIOACTIVE DEVICES	<input type="checkbox"/> NO <input type="checkbox"/> YES (If yes):	MATERIAL(S): _____ STRENGTH (Ci): _____
HAZARDOUS MATERIALS	<input type="checkbox"/> NO <input type="checkbox"/> YES (If yes):	MATERIAL(S): _____
OTHER	<input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, specify):	_____
b. DESCRIBE SAFETY COORDINATION ACTIVITIES WITH NASA TO DATE (If any)		
c. OTHER REQUIREMENTS		

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PART IIIB - TECHNICAL DETAILS: FREE-FLYER MODE		
44. EXPERIMENT CLASS		
<input type="checkbox"/> INSTRUMENT	<input type="checkbox"/> COMPLETE SPACECRAFT	<input type="checkbox"/> PIGGYBACK PAYLOAD PREFERRED (Specify Host):
45. MASS (kg)	46. PHYSICAL DIMENSIONS (cm)	47. TOTAL VOLUME (cc)
	X	X
48. POWER (W)		49. MISSION DURATION (Months)
a. STAND-BY	b. NOMINAL	c. MAX. POWER
		a. MINIMUM
		b. NOMINAL
		c. MAXIMUM
		<input type="checkbox"/> TBD
50. ORBITAL PARAMETERS		
a. APOGEE (km)	b. PERIGEE (km)	c. INCLINATION (Degrees)
+ -	+ -	+ -
d. RATIONALE		
e. ALTERNATE ORBITS (Acceptable, if primary orbit is unavailable)		
51. STABILIZATION REQUIREMENT/TYPE		
<input type="checkbox"/> ANY	<input type="checkbox"/> SPIN (If Yes): SPIN RATE (rpm):	<input type="checkbox"/> OTHER (Specify):
<input type="checkbox"/> 3-AXIS		
52. TELEMETRY AND DATA HANDLING (How much data is needed and how often?)		
53. COMMANDS (What are the experiment command requirements?)		
54. POSSIBLE HAZARDS		
RADIOACTIVE DEVICES	<input type="checkbox"/> NO	<input type="checkbox"/> YES (If yes): MATERIAL(S): _____ STRENGTH (Ci): _____
HAZARDOUS MATERIALS	<input type="checkbox"/> NO	<input type="checkbox"/> YES (If yes): MATERIAL(S): _____
OTHER	<input type="checkbox"/> NO	<input type="checkbox"/> YES (If yes, specify): _____
55. CONTAMINATION CONTROL REQUIREMENTS?		
<input type="checkbox"/> NO	<input type="checkbox"/> YES (If Yes, explain):	

DATE (YYYYMMDD)	EXPERIMENT TITLE	EXPERIMENT NUMBER
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56. HARDWARE LIST *(If known and applicable)*

ITEM a.	DIMENSIONS STOWED (cm) b.	DIMENSIONS DEPLOYED (cm) c.	WEIGHT (kg) d.

e. OTHER PERTINENT DATA

f. EXPERIMENT EQUIPMENT MOUNTING RESTRICTIONS

g. DESIGN DRAWING SPECIFICATION STATUS

57. OTHER REQUIREMENTS

DATE (YYYYMMDD)	EXPERIMENT TITLE	EXPERIMENT NUMBER
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ADDITIONAL PAGE (if necessary). NOTE: Indicate item number.