



National
Aeronautics and
Space
Administration

Request for Space Shuttle Flight Assignment

Send completed form to:

**National Aeronautics and Space Administration
Office of Space Flight, Mail Code M
Washington, DC 20546-0001**

PAYLOAD ORGANIZATION <i>(Name and complete address.)</i>	PRINCIPAL CONTACT <i>(Name, phone and FAX. Include area code and country code, if other than U.S.)</i>
	TECHNICAL CONTACT <i>(Name, phone and FAX. Include area code and country code, if other than U.S.)</i>

CUSTOMER CATEGORY

NATIONAL: NASA *(Two letter code)* _____ Other Civil Agency DOD Commercial

INTERNATIONAL: ASI CSA DARA ESA NASDA RSA

Commercial Other _____

TYPE OF ARRANGEMENT

NASA: Internal International Cooperative Joint Endeavor CCDS

REIMBURSABLE: LSA SSDA Interagency Agreement

PAYLOAD NAME AND ACRONYM

DESCRIPTION OF PAYLOAD, OBJECTIVES, AND MISSION OPERATIONS *(Attach sketch or drawing, if available.)*

AUTHORIZATION

CONFORMANCE WITH SPACE SHUTTLE USE POLICY *(Primary payloads only. Check all that apply.)*

REQUIRES HUMAN PRESENCE REQUIRES SPECIAL CHARACTERISTICS OF THE SHUTTLE

OTHER COMPELLING CIRCUMSTANCES EXIST *(Specify on page 2 under "Additional Remarks")*

The funding for this payload has been duly authorized and its development schedule is consistent with the requested launch dates. I also understand that the earnest money for reimbursable launches is non-refundable.

TYPED NAME AND TITLE	AUTHORIZED SIGNATURE	DATE
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PAYLOAD CHARACTERISTICS - CARGO BAY

DIMENSIONS Length _____ Diameter _____ Weight _____			DEDICATED MISSION <input type="checkbox"/> YES <input type="checkbox"/> NO
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CARRIER <input type="checkbox"/> Spacelab Module <input type="checkbox"/> MPSS <input type="checkbox"/> SSCP Hardware <input type="checkbox"/> Spacelab Pallet <input type="checkbox"/> Hitchhiker (sidewall) <input type="checkbox"/> Upper Stage (Specify) _____ <input type="checkbox"/> Pallet w/o Igloo <input type="checkbox"/> Hitchhiker (cross-bay) <input type="checkbox"/> Other (Specify) _____		
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MISSION ATTRIBUTES <input type="checkbox"/> Attached <input type="checkbox"/> Deployment <input type="checkbox"/> Retrieval <input type="checkbox"/> Servicing <input type="checkbox"/> Remote Manipulator Use <input type="checkbox"/> Extravehicular Activity _____		
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PAYLOAD CHARACTERISTICS - MIDDECK

Number of lockers or locker spaces _____	Middeck Accommodations Rack <input type="checkbox"/> Yes <input type="checkbox"/> No
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FLIGHT CHARACTERISTICS

NUMBER OF FLIGHTS _____	MINIMUM INTERVAL BETWEEN LAUNCHES (Months) _____	FLIGHT DATES (Month/year) _____	DESIRED DURATION (Days) _____
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ORBIT <input type="checkbox"/> 160 nm altitude, 28.5 degree inclination <input type="checkbox"/> 160 nm altitude, 57 degree inclination <input type="checkbox"/> Orbit Insensitive <input type="checkbox"/> Other: _____ nm altitude, _____ degree inclination		
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FEATURES/OPERATIONS THAT MAY IMPOSE UNUSUAL SHUTTLE REQUIREMENTS (*Narrow launch windows, special pointing, special lighting, seasonal factors, unusual rendezvous operations, etc.*)

OPTIONAL

PAYLOAD DESIGN STATUS Preliminary Design Review <input type="checkbox"/> Completed <input type="checkbox"/> Planned Completion Date _____ Critical Design Review <input type="checkbox"/> Completed <input type="checkbox"/> Planned Completion Date _____		Is Space Shuttle Program involvement in design reviews desired? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ADDITIONAL REMARKS