



MISSION RANGE SERVICES REQUEST FORM

Submit this form and any other supporting documentation to: scott.h.schaire@nasa.gov

I. MISSION/PROGRAM/PROJECT NAME

[Empty text box for Mission/Program/Project Name]

II. CUSTOMER ORGANIZATION & POCS

MISSION FUNDING ORGANIZATION & POC

- A. ORGANIZATION:
- NAME:
- ADDRESS:
- CELL PHONE:
- EMAIL:

[Form fields for Mission Funding Organization & POC]

LAUNCH VEHICLE PROVIDER & POC

- B. ORGANIZATION:
- NAME:
- ADDRESS:
- CELL PHONE:
- EMAIL:

[Form fields for Launch Vehicle Provider & POC]

ORBITAL PAYLOAD ORGANIZATION/END USER

- C. ORGANIZATION:
- NAME:
- ADDRESS:
- CELL PHONE:
- EMAIL:

[Form fields for Orbital Payload Organization/End User]

III. MISSION DESCRIPTION AND OVERVIEW

(Provide details of the mission and customer goals/end needs)

[Large empty text box for Mission Description and Overview]

IV. CONOPS OVERVIEW & DESCRIPTION OF PROPOSED ACTIVITIES ON THE RANGE

(Describe intended operations at the range)

[Large empty text box for CONOPS Overview & Description of Proposed Activities on the Range]



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V. CUSTOMER, LAUNCH PROVIDER OR PAYLOAD TEAM EQUIPMENT

(List all major instrumentation, devices, test equipment, lifting, monitoring, hauling equipment intended for use on the range)

[Empty text box for equipment details]

VI. RADIO FREQUENCY EQUIPMENT AND FREQUENCIES INTENDED FOR USE ON THE RANGE

(List all frequencies for use at the range)

[Empty text box for radio frequency details]

VII. WALLOPS RANGE SERVICES AND RESOURCES REQUESTED

(List all requested services, including those already implied by existing agreements, to include but not limited to: airfield, airspace, weather, security, radar, TM, fueling services, mobile equipment, safety analyses, PM support, ground operations, temporary facilities, custodial, downrange TM, etc.)

[Empty text box for Wallops range services]

VIII. IN-SITU FACILITIES REQUESTED FROM WALLOPS FLIGHT FACILITY

(List all requested facilities by name, including special door requirements, overhead crane requirements, specific environment conditions, grounding needs, HVAC needs, include any adjacent or land use areas and any desired attributes for the facility use)

[Empty text box for in-situ facilities]

IX. LANCH DATE REQUESTED

[Empty text box for launch date]

X. DESIRED START DATE

[Empty text box for desired start date]

(Date your mission team intends to mobilize for this mission)

XI. REQUESTED RECURRING OPERATIONS & DURATION

(Identify projected test dates, wet dress, readiness reviews and other specific mission needs.)

[Empty text box for recurring operations]



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XII. REQUESTED BACKUP OPERATIONS WINDOW

(Identify and list requested duration of window, days and hours requested)

Empty text box for requested backup operations window.

XIII. MISSION STAFFING AND PERSONNEL

(List permanent and temporary personnel, categorize by civilian, contractor, military or other. Be very specific with any foreign national requirements or needs. Personnel names NOT required here at this time, only quantities and intended function)

	CIVILIAN	CONTRACTOR	MILITARY	OTHER	NOTES
MISSION FUNDING ORG					
MISSION LAUNCH ORG					
MISSION PAYLOAD ORG					

ADDITIONAL STAFFING NOTES:

Empty text box for additional staffing notes.

XIV. MISSION HAZARDS

(List all explosives, lasers, toxic chemicals, gases, carcinogenic materials, etc. required for this mission)

Empty text box for mission hazards.

XV. PAYLOAD SPECIFIC DESCRIPTION

(List the payload, it's function, dimensions, specifications as known at time of request. List any hazards inherent within this orbital vehicle, including thrusting equipment, seperation bolts, explosives, gasses, pressure vessels, special batteries, etc.)

Empty text box for payload specific description.

XVI. MISSION FAILURE IMPACT STATEMENT

(List all major impacts if the requested mission is denied. Can the mission be delayed? What are the impacts?)

Empty text box for mission failure impact statement.

XVII. SIGNATORY AUTHORITY

MISSION FUNDING ORGANIZATION & POC

ORGANIZATION:	
FULL LEGAL NAME:	
SIGNATURE:	