

SPACE TEST PROGRAM FLIGHT REQUEST EXECUTIVE SUMMARY				DATE (YYYYMMDD)		
1. EXPERIMENT TITLE		2. SHORT TITLE/ACRONYM		3. EXPERIMENT NUMBER		
4. OBJECTIVE						
5. DESCRIPTION (Include web site if applicable)						
6. RELEVANCE TO SPECIFIC DOD REQUIREMENTS (Include list of key relevant source documents)						
7. REQUIREMENTS SUMMARY						
a. EXPERIMENT <input type="checkbox"/> INSTRUMENT <input type="checkbox"/> COMPLETE SPACECRAFT	b. REQUESTED STP SERVICES <input type="checkbox"/> LAUNCH SERVICES/INTEGRATION <input type="checkbox"/> SPACECRAFT ACQUISITION <input type="checkbox"/> OPERATIONS/DATA DISTRIBUTION		<input type="checkbox"/> PIGGYBACK FLIGHT <input type="checkbox"/> OTHER (Sounding Rocket, Balloon, Micro-G Flight, etc.) (Specify):		c. REPETITIVE OR INCREMENTAL <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, number):	d. FLIGHT DURATION REQUIRED (Months)
e. FLIGHT MODE (1 = Preferred, 2 = Acceptable, UA = Unacceptable) <input type="checkbox"/> FREEFLYER <input type="checkbox"/> SHUTTLE <input type="checkbox"/> ISS <input type="checkbox"/> OTHER			f. POWER (W) STAND-BY: NOMINAL: MAXIMUM:			
g. DIMENSIONS (cm) X X		h. MASS (kg)	i. VOLUME (cc)	j. HARDWARE FLIGHT READY DATE (MMM-YYYY)		
k. STABILIZATION TYPE	l. ORBIT REQUIREMENTS (km) APOGEE + - PERIGEE + -			m. INCLINATION (degrees) + -		
n. OTHER REQUIREMENTS						
8. PROGRAM SUMMARY						
a. EXPERIMENT FUNDING (\$Millions Needed / \$Millions Secured)						
SOURCE	PRIOR FY FUNDS	CURRENT FY FUNDS	FUTURE FY FUNDS	TOTAL COST		
	/	/	/	/	/	
	/	/	/	/	/	
	/	/	/	/	/	
	/	/	/	/	/	
	/	/	/	/	/	
b. DESIGN/FABRICATION STATUS			c. CONTRACTOR			
9. SERVICE/AGENCY APPROVAL						
a. APPROVING OFFICIAL (Last Name, First, Middle Initial)		b. OFFICE SYMBOL		c. POSITION		
d. MAILING ADDRESS (Street, Apartment/Suite No., City, State, ZIP Code)			e. TELEPHONE NUMBER(S) (Include Area Code)			
			COMMERCIAL	DSN		
f. SIGNATURE		g. EMAIL				
h. PRINCIPAL INVESTIGATOR (Last Name, First, Middle Initial)		i. OFFICE SYMBOL		j. POSITION		
k. MAILING ADDRESS (Street, Apartment/Suite No., City, State, ZIP Code)			l. TELEPHONE NUMBER(S) (Include Area Code)			
			COMMERCIAL	DSN		
m. SIGNATURE		n. EMAIL				