



ZERO-G Weightless Lab Test Data Summary

Complete and return via EMAIL
ATTN: Michelle Peters
EMAIL: michelle@gozerog.com

MAIN CONTACT INFORMATION

Organization Name: _____

Contact Name: _____

Mailing Address: _____

Email: _____ Phone: _____

Completion Date of this Test Data Summary: _____

How many representatives will attend the Test Readiness Review? _____

How many researchers/sponsors will fly with your experiment? _____

How many researchers/sponsors will attend ground activities but not fly? _____

Requested Flights (circle date and indicate how many flights for EACH program): *Flight profile will include 30 parabolas, most likely in sets of 10, with a 1- to 3-minute break between sets. If alternate profile is needed, please indicate on form. Flight profile is finalized at TRR.*

Nov 2018 _____ Mar 2019 _____ Nov 2019 _____ Mar 2020 _____

Additional requested dates/# of flights: _____

FLIGHT SYSTEM NAME: _____

Brief Description of Research Goals (add pages if necessary): **Please include a sketch or picture of all equipment you intend to fly as of this date. We recognize this may change before flight day.**

Mass of primary system (*in ounces/pounds*): _____

Stowed volume (*L x H x W in inches/feet*): _____

Deployed volume (*L x H x W in inches/feet*): _____



ZERO-G Weightless Lab Test Data Summary

Complete and return via EMAIL
ATTN: Michelle Peters
EMAIL: michelle@gozerog.com

Does your system require an aircraft power source? _____ (Yes) _____ (No)

Does your research require overboard venting? _____ (Yes) _____ (No)

Does your system contain any of the following (flammable/combustible substances may be denied – indicate if substitutes are possible):

Liquids _____ (Yes) _____ (No)

Liquid Type/Quantity: _____

Gels _____ (Yes) _____ (No)

Gel Type/Quantity _____

Powders _____ (Yes) _____ (No)

Powder Type/Quantity _____

Batteries* _____ (Yes) _____ (No)

Number/type of batteries (include spares) _____

Glass _____ (Yes) _____ (No)

Dry ice _____ (Yes) _____ (No)

If Yes, Quantity: _____

Clay _____ (Yes) _____ (No)

Transmitting devices _____ (Yes) _____ (No)

Type/Range of device _____

Pressurized canisters _____ (Yes) _____ (No)

Canister specs (include DOT info): _____

Live animals _____ (Yes) _____ (No)

Species/size and weight: _____

Free floating objects _____ (Yes) _____ (No)

Magnetic elements _____ (Yes) _____ (No)

Type/Range: _____



ZERO-G Weightless Lab Test Data Summary

Complete and return via EMAIL

ATTN: Michelle Peters

EMAIL: michelle@gozerog.com

Lasers _____ (Yes) _____ (No)

Class (additional info) _____

ADDITIONAL EQUIPMENT

Are you bringing cameras? _____ (Yes) _____ (No)

If yes, how many cameras? _____

Will cameras be attached to your equipment? _____

Will cameras be hand-held or worn (such as Go Pro) by your researchers? _____

ZERO-G will take video from 6 hi-def cameras mounted in the cabin. Cameras that you bring may be attached to your equipment or your researchers. No cameras may be mounted on the cabin interior. Alternative arrangements may be made upon request.

Do you require foot straps? _____ (Yes) _____ (No)

If yes, how many foot straps? _____

What additional equipment will be included, if any?

Do you require onboard storage for your additional equipment? _____ (Yes) _____ (No)

Review Date: _____

ZERO-G Comments: _____

Prior to every research program, all aircraft systems and experiment equipment are powered on full. If any experiment interferes with any aircraft system during the test, that part of the experiment will not be permitted to operate during the flight. Concerned researchers should conduct testing in advance of their scheduled flight. Flight profile will include 30 parabolas (at least 25 zero gravity parabolas) in sets of 10 with a 1 to 3 minute break between sets. If alternate profile is needed, please indicate on form. Final profile will be determined at TRR on mixed payload flights.

Please note that 30% of the total will be required at contract signing to cover pre-flight review and documentation costs as well as confirm your flight reservation. If contract signing is close to deadline, the full amount will be due.

Estimated Program Price: _____