

ZERO-G Weightless Lab Test Data Summary

 $\underline{\text{Complete and return via EMAIL}}$

ATTN: Michelle Peters

EMAIL: michelle@gozerog.com

MAIN CONTACT INFORMATION

Organization Nar	ne:		
Contact Name: _			
Mailing Address:	_		
Email:		Phone:	
Completion Date	of this Test Data Sumn	nary:	
How many repre	sentatives will attend d	laily, on-site activities?	
How many resea	rchers/sponsors will fly	with your experiment?	
advance notice, nototal contracted fl week even if the to day, they must be Requested Flight will include 30 pc	on-flyers may interchang lyer number remains the otal number is the same. the same 5 people every as (circle date and indicates arabolas, most likely in s	e with flyers as long as the same. Teams may not intro In other words, if a team is day. tate how many flights for	ot fly (called "non-flyers"). With ir forms are complete and the oduce new people during the scontracted for 5 people each EACH program): Flight profile minute break between sets. If its finalized at TRR.
Spring 2021	Fall 2021	Spring 2022	Fall 2022
Additional reque	ested dates/# of flights	:	
Brief Description		d pages if necessary): Plea	ase include a sketch or picture this may change before flight
day.	you intend to my as or	tins date. We recognize	this may change before mgm



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Mass of primary system	n (in ounces/pound	ls):		_					
Stowed volume (L x H x	(W in inches/feet):			_					
Deployed volume (L x F	1 x W in inches/fee	t):		_					
Does your system requ	ire an aircraft pow	er source?	(Yes)	<u>(No)</u>					
Does your research rec	juire overboard ver	nting?	(Yes)	(No)					
Does your system cont denied – indicate if sub	•	• ,	ble/combustible s	ubstances may be					
Liquids		(Yes)	(No)						
<u>Liquid Type/Qu</u>	antity:								
Gels		(Yes)	(No)						
Gel Type/Quan	tity								
Powders		(Yes)	(No)						
Powder Type/O	uantity								
Batteries*		(Yes)	(No)						
Number/type of batteries (include spares)									
Glass		(Yes)	(No)						
Dry ice		(Yes)	(No)						
If Yes, Quantity	<u>: </u>								
Clay		(Yes)	(No)						
Transmitting de	vices	(Yes)	(No)						
Type/Range of	device								
Pressurized can	isters	(Yes)	(No)						
Canister specs (include DOT info):								
Live animals		(Yes)	(No)						
Species/size and	d weight:								
Free floating ob	jects	(Yes)	(No)						



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Stimated Program Price:					
Prior to research campaign, air nterferes with aircraft systems researchers should test before determined at TRR on mixed po	s during the test, that scheduled flight. Pro	experiment or properties of the control of the cont	oart will not be pe 30 parabolas (min	rmitted to operate 25 zero gravity). I	e. Concerned Final profile will be
Review Date:	ZEF	RO-G Commen	its.		
	board storage for y			(Yes)	(No)
What additional e	quipment will be in	cluded, if any?	•		
If yes, how many f	foot straps?				
Do you require foo	ot straps?	(Yes)	(No)		
may be attached t	video from 6 hi-def o to your equipment o ternative arrangeme	or your researd	chers. No camer	as may be moun	_
Will cameras be h	and-held or worn (s	uch as Go Pro) by your researd	chers?	
Will cameras be a	ttached to your equ	ipment?			
If yes, how many o	cameras?				
Are you bringing c	cameras?	(Yes)	(No)		
ADDITIONAL EQU	IPMENT				
<u>Class (addi</u>	tional info)				
Lasers		(Yes)	(No)		
<u>Type/Rang</u>	ge:				
Magnetic e	elements	(Yes)	<u>(No)</u>		