



## 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):

Nov 2016 # of flights \_\_\_\_\_

Mar 2017 # of flights \_\_\_\_\_ Nov 2017 # of flights \_\_\_\_\_

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*): \_\_\_\_\_



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

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) \_\_\_\_\_

*\*Lead acid batteries are not permitted under any circumstances.*

Glass \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Dry ice \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Clay \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Transmitting devices \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Type/Range of device \_\_\_\_\_

Pressurized canisters \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Canister specs (include DOT info): \_\_\_\_\_

Live animals \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Free floating objects \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Magnetic elements \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Lasers \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Class (additional info) \_\_\_\_\_



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### 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 provide 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: \_\_\_\_\_

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***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.***

Estimated Program Price: \_\_\_\_\_