*Note: For ease of navigation in MS Word, select “View” tab, select “Navigation Pane” select “Headings”.*

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(TO BE COMPLETED BY SLD 30/XPR)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | | |
| Controlled by: | |  | | |
| Controlled by: | |  | | |
| CUI Categories: | | |  | |
| Distribution/Dissemination Control: | | | |  |
| POC: |  | | | |
|  |  | | | |

# SECTION 1 – ADMINISTRATIVE

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## Program Information

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|  |  |
| --- | --- |
| Exercise Name/Title: |  |
| Brief Exercise Description: |  |

## Unit submitting this questionnaire to Space Launch Delta 30

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|  |  |
| --- | --- |
| Today’s Date: |  |
| Name: |  |
| Title: |  |
| Organization: |  |
| Tel No. |  |
| Email address: |  |
| Address: |  |

## Program Category

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|  |  |  |
| --- | --- | --- |
| Are you seeking Delta 30 services as a: |  | DoD Unit (DoD agency funded) |
|  | Non-DoD Federal Program (Federal agency funded) |
|  | State or local Government Program (state/local gov funded) |
| For federal, state, and local government funded programs, please make sure a representative of the government validates and submits this questionnaire to Space Launch Delta 30. | | |

## Unit’s Primary Interface to Delta 30

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|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Organization: |  |
| Tel No. |  |
| Email address: |  |
| Address: |  |

# 

# SECTION 2– GENERAL QUESTIONS

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**Answer “N/A” if question does not apply.**

|  |
| --- |
| What are your desired or planned exercise/operation dates? |
|  |
| How many exercises do you plan to conduct at Vandenberg Space Force Base? |
|  |
| Please describe your exercise, mission, goals and objectives for the unit’s effort at Vandenberg Space Force Base. |
|  |
| Describe the support desired or required from Space Launch Delta 30 (range and base support).  Provide as much detail as possible. |
|  |
| Describe any site requirements you may have so that we may initiate an analysis of possible locations best suited to your unit’s needs. Provide as much detail as possible. |
|  |
| List the types of vehicles, aircraft and UAS that may support your exercise. |
|  |
| How many people in your organization will be residing on Vandenberg Space Force Base? Consider the following: DoD active duty, DoD civilian, Non-DoD federal civilian, DoD/Federal contractors, commercial company employees. |
|  |
| Where do you intend to lodge exercise personnel? (i.e. base lodging, tents, etc.) |
|  |
| Describe any hazardous operations, if any, that your team will conduct as well as what type of chemicals, fuels or explosives that may be used. |
|  |

# SECTION 3 – ADDITIONAL EXPLANATIONS

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|  |
| --- |
|  |

# SECTION 4 – SIGNATURE BY RESPONSIBLE GOVERNMENT OFFICIAL

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The Responsible Official must sign this statement after the form is completed and submitted.

|  |  |
| --- | --- |
| RESPONSIBLE GOVERNMENT OFFICIAL | |
| Company: |  |
| Name: |  |
| Title: |  |
| Tel No. |  |
| Address: |  |
| Email address: |  |

I certify, under penalty of law, that the statements and information contained in these documents are true, accurate and complete.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Responsible Government Official |  | Date: |