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(TO BE COMPLETED BY SLD 30/XPR)

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

# SECTION 1 – ADMINISTRATIVE

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## Program Information

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

## Person submitting this questionnaire to Delta 30

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

## Program Category

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

# SECTION 2 – COMMERCIAL CUSTOMER ONLY

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|  |  |  |  |
| --- | --- | --- | --- |
| Is this proposed program/effort in support of a Department of Defense contract? If yes, please provide the information below: | |  | YES |
|  | NO |
| Contract Number: | Government Contracting Agency POC information: | | |
|  |  | | |

## Company Information

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|  |  |
| --- | --- |
| Company Name: |  |
| Name of CEO: |  |
| Business Tel. No. |  |
| How long has company been in existence? |  |
| Company web address: |  |
| Business Address: |  |
| Company Headquarters Business Address: |  |

## Company’s Primary Interface to Delta 30

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

## DoT FAA AST Questions

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|  |  |  |
| --- | --- | --- |
| Will your activities at Delta 30 be licensed by the DoT FAA under Title 51, National and Commercial Space Programs, Ch 509 sec 50901-50923 Commercial Space Launch Activities? |  | YES |
|  | NO |

|  |  |  |
| --- | --- | --- |
| If yes, have you contacted the Dept of Transportation FAA Commercial Space Transportation Office? |  | YES |
|  | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you begun consultations with the Department of Transportation Office of Commercial Space Transportation (FAA-AST)? | |  | YES |
|  | NO |
| If yes, please list the POC here: |  | | |
| If needed, FAA-AST contact info:   * <http://ast.faa.gov> * Federal Aviation Administration * Associate Administrator for Commercial Space Transportation * AST-100 * 800 Independence Ave, S.W. * Washington, D.C. 20591   **AS OF JUNE 2021**:   * AST Managers by Division   + ASA-100 Safety Authorization Division   + Division Manager, Dan Murray, 202-267-9237, Daniel.Murray@faa.gov   + Deputy, Howard Searight, 202-267-7927, Howard.Searight@faa.gov * AST Stakeholder Engagement Team Members   + Program Lead, Stacey Zee, 202-267-9305, Stacey.Zee@faa.gov   + Space Force POC, Annette Parks, 202-841-0944, Annette.Parks@faa.gov | | | |

|  |  |  |
| --- | --- | --- |
| Type(s) of FAA license you are seeking/considering |  | Launch-Specific License (ELVs or RLVs) |
|  | Launch Operator License (ELVs or RLVs) |
|  | Reentry-Specific License (ELV Reentry vehicle) |
|  | Reentry Operator License (ELV Reentry vehicle) |
|  | Launch Site Operator License (i.e. “Spaceport”) |
|  | Reentry Site Operator License (i.e. “Spaceport”) |

## MRTFB activities

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|  |  |  |  |
| --- | --- | --- | --- |
| Have you been provided support at any other DoD Major Range and Test Facility Base (MRTFB) or federal range as a commercial entity with a “commercial service agreement” or similar agreement? | |  | YES |
|  | NO |
| If yes, please provide the following information: | | | |
| **List the ranges here:** | **Under what authority (for each range listed)?** | | |
|  |  | | |

## U.S. Citizenship and Foreign Interests

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|  |  |  |
| --- | --- | --- |
| **Is the entity requesting services and represented under this questionnaire:** |  |  |
| (1) - a U.S. citizen or an entity organized under the laws of the United States or any of its States? |  | YES |
|  | NO |
| (2) - any corporation, partnership, joint venture, association, or other entity organized or existing under the laws of the United States or any State? |  | YES |
|  | NO |
| (3) - any corporation, partnership, joint venture, association, or other entity which is organized or exists under the laws of a foreign nation, if the controlling interest in such entity is held by an individual or entity described in question (1) or (2) above?  *Controlling interest means ownership of an amount of equity in such entity sufficient to direct management of the entity or to void transactions entered into by management. Ownership of at least fifty-one percent of the equity in an entity by persons described in paragraph (1) or (2) of this definition creates a rebuttable presumption that such interest is controlling.)* |  | YES |
|  | NO |

|  |  |  |
| --- | --- | --- |
| Is there foreign ownership, control or investment in the entity requesting services and represented under this questionnaire? |  | YES |
|  | NO |

|  |  |  |
| --- | --- | --- |
| Are any personnel or contractors/subcontractors associated with your program foreign nationals, foreign representatives or under foreign ownership, control, or influence (FOCI).  Note: Foreign Ownership, Control, and Influence (FOCI) includes a U.S. Citizen representing a foreign country or on the payroll of a foreign country. |  | YES |
|  | NO |

|  |
| --- |
| **Identify foreign ownership of the applicant as follows:** |
| (1) For a sole proprietorship or partnership, identify all foreign ownership; |
|  |
| (2) For a corporation, identify any foreign ownership interests of 10% or more; and |
|  |
| (3) For a joint venture, association, or other entity, identify any participating foreign entities. |
|  |
| (4) Provide any other information that is relevant or necessary to make any determinations based on public U.S. national security or foreign policy interests, or international obligations of the United States. |
|  |

## DoD Non-competition with commercial sources

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|  |  |
| --- | --- |
| **INFORMATIONAL: Commercial Users - Non-competition** | |
| **MRTFB Commercial T&E:**  *(IAW DoDI 3200.18, Encl 3, para 3.b.)*  The installation commander may require Users to certify that a commercial source for the desired goods or services does not exist. MRTFB facilities and ranges shall ensure that they are not competing with U.S. private industry in providing services to commercial entities. | **Commercial Space Activity:**  *(IAW AFSPC Commercial Space Operations Support Agreement, Article III)*  As a prerequisite to obtaining use of specific government owned or controlled facilities, launch property and/or launch services, the User shall submit written verification that no United States domestic firm exists to provide substantially equivalent facilities, launch property and/or launch services; or, if such a firm exists, verification of the circumstances which preclude the use of this domestic firm for the required launch property and/or launch services.  Additional guidance is provided in AFSPCI 10-1215, *Support to FAA Licensed Space Launch Activities.* |

# SECTION 3 – GOVERNMENT CUSTOMER ONLY

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## System Program Office (SPO) Senior Ranking Official

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|  |  |
| --- | --- |
| Name & Rank: |  |
| Title: |  |
| Organization: |  |
| Office Symbol: |  |
| Email Address: |  |
| Tel No. |  |
| Physical Address: |  |
| Mailing Address: |  |

## Primary Government Interface/Integrator to Delta 30

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

## Primary SPO Systems Engineering & Technical Assistance (SETA) Interface to Delta 30

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

# SECTION 4 – GENERAL QUESTIONS (ALL CUSTOMERS)

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What is the planned duration of your program at Space Launch Delta 30? | | | | | | |
|  | | | | | | |
| What are your desired or planned operation dates?  Please include a copy of your best available program schedule when submitting this questionnaire. | | | | | | |
|  | | | | | | |
| Please describe your program, mission, goals and objectives for the company and/or program’s effort at Delta 30. | | | | | | |
|  | | | | | | |
| Are your planned activities at Delta 30 associated with a DoD Acquisition System or Program? |  | **< YES** |  | **< NO** |  | **< NA** |
| Will the handling or processing of classified material be required in support of your program? |  | **< YES** |  | **< NO** |  | **< NA** |
| Does your company or your support contractor (for government entities) have a registered facility clearance (FCL) to handle classified information with the U.S. Government IAW DoD 5220.22-M, NISPOM? |  | **< YES** |  | **< NO** |  | **< NA** |
| If you answered “yes” to the item above, did your company receive a FOCI (Foreign Ownership, Control, or Influence) determination related to the current Facility Clearance (FCL) registration? |  | **< YES** |  | **< NO** |  | **< NA** |
| For commercial activities, has a DD Form 254, DoD Contract Security Classification Specification, been issued for your contracted services being performed at VSFB? If so, please provide a copy to your SLD 30 Program Requirements Manager. |  | **< YES** |  | **< NO** |  | **< NA** |
| Do you have approved DD Forms 1494, Application for Equipment Frequency Allocation, for planned frequency use? If so, please provide DD Forms 1494 to your SLD 30 Program Requirements Manager. |  | **< YES** |  | **< NO** |  | **< NA** |
| Describe the level of support desired or required from Delta 30 (range and base support).  Provide as much detail as possible. | | | | | | |
|  | | | | | | |
| Describe any launch/operations site requirements you may have so that we may initiate an analysis of possible operations locations best suited to your program’s needs.  Provide as much detail as possible. | | | | | | |
|  | | | | | | |
| Describe other facility or space use requirements you may have.  Consider the following: Booster processing, Payload processing, Storage, Administrative space, Conference room(s), Ceiling heights, Crane capabilities, Door widths/heights, Parking/staging areas, Road constraints, Special utility requirements, Perimeter/fence requirements, SCIF requirements, Vault requirements. | | | | | | |
|  | | | | | | |
| How many people in your organization will be residing on Vandenberg Space Force Base? For what duration?  Consider the following categories: DoD active duty, DoD civilian, Non-DoD federal civilian, DoD/Federal contractors, commercial company employees. | | | | | | |
|  | | | | | | |
|  | | | | | | |

# SECTION 5 – KEY CONTACTS

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| --- |
| Provide the contact information requested below for each of the following disciplines:  **Copy & paste the cells below as needed.**   * **National Environmental Protection Act (NEPA) – Environmental Planner** * **Safety (Launch, Flight, Systems, Terminations systems, Ground, etc.)** * **Universal Documentation Systems (UDS) (for requirements documentation)** * **Communications/Information Technology** * **Security (Physical, Information, Personnel, Industrial, etc.)** |

## DISCIPLINE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name: |  |
| Title: |  |
| Organization: |  |
| Tel No. |  |
| Email address: |  |
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## DISCIPLINE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## DISCIPLINE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## DISCIPLINE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Tel No. |  |
| Email address: |  |
| Address: |  |

## DISCIPLINE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# SECTION 6 – TRADE SECRETS ACT AND FREEDOM OF INFORMATION ACT

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By submitting this questionnaire, you are requesting support of the Space Launch Delta 30 (SLD 30) Plans and Programs office to assess and facilitate potential future support of your company’s project/program at Vandenberg SFB, CA. The SLD’s involvement with potential future activities of your company is required and will involve receiving certain proprietary information on your company’s project/program. This information will be protected by the Trade Secrets Act and Freedom of Information Act (FOIA).

The Trade Secrets Act (18 USC 1905) specifically provides criminal penalties for the unauthorized disclosure of any information coming in the course of employment or official duties which relates to trade secrets, processes, operations, and other confidential matters.

Further, the Freedom of Information Act (5 USC 552) provides a specific exemption from release for “trade secrets and commercial or financial information obtained from a person and privileged or confidential.” Recent FOIA precedent establishes that as a general rule, agencies should not release voluntarily submitted information that the submitter would not have publicly released. FOIA procedures provide for notice to submitters prior to proposed information release and consideration of submitter comments so that confidentiality rights are not overlooked or compromised.

In the event it is necessary for your company to furnish the SLD 30 with data that either embodies trade secrets or compromises commercial or financial information that is privileged or confidential, such data will be maintained in confidence, consistent with applicable law, and disclosed and used by the SLD 30 only for evaluation purposes, and will not be released to any non-Delta personnel without approval by your company. Upon completion of the SLD 30’s evaluation of your information, such data will be disposed of pursuant to your request.

If data your company considers to embody trade secrets or compromise commercial or financial information which is privileged or confidential is disclosed orally or visually to the SLD 30, such information must be reduced to tangible, recorded form (i.e., converted into data as defined herein), identified and marked with a suitable notice or legend, and furnished to the SLD 30 within 10 days after such oral or visual disclosure, or the SLD 30 shall have no duty to limit or restrict, and shall not incur any liability for any disclosure and use of such information.

The foregoing statutes provide legal authority for appropriate protection of confidential information provided by non-governmental parties without the need for a formal non-disclosure agreement. Agency policy permits release of data only for unusual or compelling circumstances, and then only if signed by an authorized official after appropriate staffing and discussions with the company.

The parties shall comply with all laws, including all statutes and regulations of the United States governing export of technical data. International traffic in Arms Regulation (ITAR) restricts the export of technical and defense articles specified on the United States Munitions List (USML). The USML is a listing of articles, services, and related technical data, which are designated as defense articles, defense services, and defense technical data. “Defense Services” means (a) the furnishing of assistance, including training of foreign persons in the design, engineering, development, manufacture, operation, repair, and maintenance of defense articles, whether or not on the United States or abroad; or (b) the furnishing to foreign persons of any technical data, whether in the United States or abroad.

If you have any question, you may contact your assigned Program Requirements Manager or you may contact the Space Launch Delta 30 legal counsel Samuel Casazza at (805) 606-2208.

# SECTION 7 – ADDITIONAL EXPLANATIONS

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# SECTION 8 – SIGNATURE BY RESPONSIBLE OFFICIAL

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

|  |  |
| --- | --- |
| RESPONSIBLE 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 Official |  | Date: |