Customer:

Date:

**1. Customer Identification and Date:**

**2. Location of survey:** Identify the range, base, city, state and country.

Base: City/State:

Site/Range: Country:

**3. Support Required:** Indicate, as specifically as possible, what needs to be done, e.g., Inertial Navigation System [INS] update points, Precision Measurement Equipment Laboratory [PMEL] survey, radar sites, range/calibration targets, aim/impact points, Geodetic/Gravity Base network, Gravity Gradiometry, etc. Also indicate how many points or sites are involved.

**4. Required Data and Accuracies:** Indicate the type of data needed (e.g., geodetic coordinates, astronomic data, azimuths, gravity data, UTM coordinates, etc.); the datums (if other than WGS 84 and EGM 08); and the desired medium for delivery (if other than Excel and .pdf).

Examples:

 Geodetic coordinates (latitude, longitude, ellipsoid height):

Absolute: 0.5 meter each component relative to WGS 84

 Relative: 0.01 meter + 1ppm relative to local network

 Elevations (orthometric heights, local vertical datum elevations):

Absolute: 0.5 meter relative to EGM 08 and WGS 84,

 0.05 meter relative to local vertical datum

 Relative: 0.01 relative to local network

 Azimuths: 10 arcsec relative to geodetic/astronomic north

 Slant Ranges: 0.02 meter relative to local network

 Vertical angles (true, apparent): 10 arcsec relative to local network

 Deflection components: 0.5 arcsec relative to FK6 star catalog and WGS 84

 Acceleration of gravity: 50 μGals relative to local absolute/IGSN 71

 Gravity Gradiometry: 2 Eotvos, or 0.2μGal/meter

 All at the 95% (2σ) confidence level

**5. Suspenses:** Please allow 30 days for planning/scheduling survey activities prior to data acquisition and 30 days after completion of the field survey for reduction, analysis, quality control, etc. If the preferred 30-day buffer before and after data acquisition cannot be honored, please justify in paragraph 10.

Date Survey Required:

Date Final Survey Data Required:

Date of Mission (if applicable):

**6. Justification:** Identify the system/program or operation supported and impact if support is not provided.

**7. Special handling requirements:**

For Official Use Only\_\_\_\_\_\_ Limited Distribution \_\_\_\_\_\_ Proprietary \_\_\_\_\_\_\_

**8. Security classification of GI&S requested:**

Unclassified \_\_\_\_\_ Confidential \_\_\_\_\_ Secret \_\_\_\_\_ Top Secret\_\_\_\_\_\_SCI\_\_\_\_\_\_ Classification authority:

Downgrading Instructions:

**9. Point(s) of Contact/Requesting Office/Mailing Address(es) for Published Data:** Indicate what office(s) should receive the published data. If email is preferred delivery method, please annotate below.

POC/Requesting Office:

Rank/Name:

Address:

Email:

DSN: Commercial: Cell:

FAX: Secure:

Report delivery: Email\_\_\_\_\_\_\_\_\_ or Mail\_\_\_\_\_\_\_\_\_\_\_

**10. Additional Remarks:** Include anything that may clarify the requirement, restrictions on the data or survey activities, and individual(s) we may contact for questions or assistance.