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|  | **NASA Ames Research Center** |  |
| **Wind Tunnel Division** |

**TEST REQUEST FORM**

**Test Title**:

**Requestor Information:**

Organization:

Contact *(include name and title)*:

Address:

Telephone: Desk:       Cell:

E-mail:

**Sponsor Information:**

Organization *(Principle sponsor such as NASA, DoD, Air Force, Navy, Company, etc.)*:

Contact *(include name and title)*:

Address:

Telephone: Desk:       Cell:

E-mail:

**Other Organizations Supporting the Test:**

*(Secondary organizations that will be supporting the test and what that support is: staffing, money, equipment, etc. For example provide company name, number of researchers, number of test engineers, and number of model technicians)*

**NASA Program Affiliation:**

Aeronautics Research

Human Exploration & Operations  SLS  Orion

Science

Space Technology

Other:

**Schedule:**

Requested Test Section Occupancy Entry Date (mm/dd/yy)

Estimated (Test section occupancy hours)

Earliest date model can be delivered to facility (mm/dd/yy)

Latest date for test completion (M/D/Y)

**Facility Preference (if known):**

**11-by 11-foot TWT** (Mach 0.2-1.4) **9-by 7-foot SWT** (Mach 1.55-2.5)

**General Description of the Test:**

**Specific Test Objectives:**

**Model/Test Hardware:**

Designation:       Scale:

Description:

Size (key dimensions such as, wing area, span, length, blockage area, weight, etc.

Minimum possible scale should also be included):

Current Status:  Concept definition  Design  Fabrication  Ready for test

Previously Tested

Where tested

When tested

**Type of Test (all that apply):**

Aircraft/spacecraft/missile performance

Aircraft/spacecraft/missile stability and control

Inlet

2-D Airfoil

Acoustic

Other test type - describe:

**Model/Configuration Changes:**

Total number of changes:

Percent - Remove and re-install model:

Percent - Major model component change:

Percent - Control surface change:

Estimate of average time required to make changes (if known):

Remove and re-install model:

Major model component change:

Control surface change:

Indicate time required for any changes that are significantly longer than the average.

**Type of Data Required:**

Force and moment No. of data points

Strain gauge Approx. # of gauges       No. of data points

Pressures (ESP) Approx. # of orifices       No. of data points

Model Deformation No. of data points

Dynamic (Unsteady pressures) No. of data points

Pressure sensitive paint No. of data points

Temperature sensitive paint No. of data points

Acoustic (Microphones) No. of data points

Skin Friction No. of data points

Off-body velocity (PIV) No. of data points

Flow visualization

Type: Surface flow Off-body

Describe requirements:

Other data requirements:

Classification requirements:

**Test Conditions:**

Mach number range:       Reynolds number range:

Dynamic Pressure(s):       Angle of attack range:

Angle of side slip range:       Nozzle pressure ratio range:

Weight flow range (inlet):

Other: Include detailed test matrix as enclosure if known:

**Instrumentation Requirements**

**Facility supplied:**

**User supplied:**

**Special Requirements:**

*High pressure air (pressure level and mass flow rate), exhaust (vacuum level and mass flow rate), cooling (temperature, water or air with mass flow rates), heating requirements, unique systems, additional space, hydraulics, (pressure level and flows), special data reduction requirements (plotting, format, etc.), know facility modifications required to accommodate test apparatus, etc.*

**Request Submitted (Date M/D/Y):**