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| NASA Ames Balance Calibration Lab Request Form *(Include all applicable information)* |
| Today’s Date | Date Required | Test Date |
| Test Name / Number | Organization/Company | Test Location |
| Principal Investigator | Phone | Mail Address |
| Test Engineer | Organization | Phone | Mail Address |
| Ames Balance Requested*Model, Size, NEMS* | Balance Reserved From To  |
| If Balance is Supplied by User*Model, Size, Description* |
| This Balance is used as *Primary / Backup* |
| Provide Reduction Matrix*Yes / No* | Type of Reduction Matrix |
| Balance Excitation Voltage | Balance Pin to Use (TASK Balances) |
| Deflection Data Required |
| GAGENAME | GAGECAPACITY | MAX LOADTO APPLY | SHUNT %FS |
| N1 |   |   |   |
| N2 |   |   |   |
| S1 |   |   |   |
| S2 |   |   |   |
| RM |   |   |   |
| AX |   |   |   |



Diagram Task Pin Locations, Thick Side 3, 4, 7, 8

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| Combined Loads Required |
| Loading Method, Special Instructions, Additional Information |