

1 Jan 2015

MEMORANDUM FOR 45 SW/XP (THOMAS EYE)
1201 Edward H. White II St MS 7200
Patrick AFB FL 32925-3299

FROM: Acme, Inc.
1000 Main Street
Hometown, FL 32925-0000

SUBJECT: Program Introduction Letter for [Acme, Inc. Widget Test](#)

1. [Acme, Inc.](#) requests access to the Cape Canaveral Air Force Station (CCAFS) to conduct [widget](#) testing in support of the [Acme, Inc. widget](#) research and development program (see attachment 1 for program overview). [Acme's](#) focus has been to test widgets in a realistic operational environment, and we feel that facilities at CCAFS are optimal for our tests. We currently plan to conduct testing from 26 Feb-1 Mar.
2. Toward this effort, [Acme, Inc.](#) needs access to a suitable location at CCAFS. [Acme](#) personnel will comply with all federal and/or state regulatory requirements as identified by your experts. We understand our testing will not begin until we have submitted all required documentation and have obtained all necessary 45th Space Wing approvals.
3. As a prerequisite to requesting these services, [Acme, Inc.](#) certifies that equivalent range services are not available on reasonable terms and conditions from any U.S. domestic firm. We have found no other domestic sources for the requested services that are: 1) the same in terms of function, capacity, utility and quality; 2) are available in time to meet the current [Acme, Inc.](#) launch schedule; and 3) can be provided at a similar price and other terms and conditions to those services requested from the 45 SW. (*Note: This paragraph should be omitted by Government customers.*)
4. Thank you for your assistance supporting our test activities at CCAFS. If you have any questions, please call my action officer, [Mr. John Q. Customer, Acme Test Director](#) at (321) 987-6543 or e-mail customer@acme.com.

[John Q. Customer](#)
[Test Director, Acme Inc.](#)

Attachment:

1. XP New Customer Worksheet
2. Program Overview Briefing

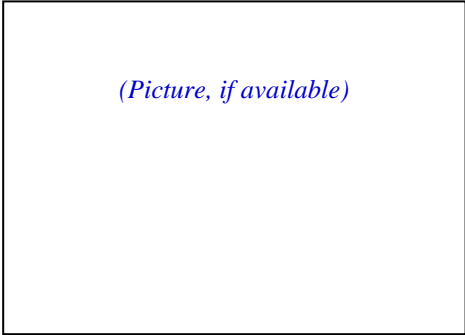
45 SW New Customer Worksheet

Program/project name: *(Name of Project)*

Customer: *(Organization providing the requirements and sending funds to 45 SW, along with requestor's POC – address, phone, email)*

Mission: *(Overview of customer's mission, as related to the proposed activity)*

Description of proposed activity/conops: *(Briefly describe your proposed operations).*



Customer Equipment: *(List the major vehicles/equipment/sensors you'll be bringing on the range with a short description.)*

Radio Frequency Emissions: Yes No *(Provide frequencies)*

Wing resources requested: *(What 45 SW support do you need? – airfield, airspace, weather forecasting, port operations, security, radars, fuels, forklifts, port-o-lets, etc.)*

Facilities required: *(Include facility requirements such as square footage, door dimensions, overhead cranes, utilities, A/C, etc., or if you just require land use, describe amount of land and desired attributes).*

Proposed need date: *(Date you want to start operations on PAFB/CCAFS)*

Recurring Operations/Duration: *(Identify projected test date(s) and times (which shift testing will be done – day or night, approximate hours – for example 0730 – 1700, and how many days). Also, identify whether operations will be recurring - how many times per year - for how many years.)*

Number of people: *(Permanent/temp; military, civilian, contractor?)*

Hazards: *(Identify major hazardous operations such as lasers, explosives, toxic gases, etc.)*

Rationale for using 45 SW property/capabilities: *(Why is PAFB and/or CCAFS your preferred location?)*

Impact to your program if 45 SW support cannot be provided:

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TO BE COMPLETED BY 45 SW/XP
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Basing action analysis: Completed by 45 SW/XP

Impact to wing mission: Completed by 45 SW/XP