



ARGOS USERNAME : PROGRAM # : _____

Authorized by (Please print)

Signature

PLATFORMS TO: *Please select one from each of the following groups:*

☐ **ADD** ☐ **MODIFY** ☐ **DELETE** ☐ All platforms in the program, or ☐ Only the following platforms:

RESULTS FORMAT: Please select the results format for the platforms designated above.

☐ TX (one result from each satellite pass)	☐ Compressed	☐ Uncompressed
☐ DS (all results from each satellite pass)	☐ Compressed	☐ Uncompressed
☐ DIAG (diagnostic results from each satellite pass)	☐ Compressed	☐ Uncompressed

DISTRIBUTION STRATEGY: Please enter information for EITHER Scheduled Distribution OR Real-Time Distribution. For recipients of ALL Results, the software includes a delay of three (3) hours to allow for completion of data processing.

Scheduled Distribution (fixed times) of Results: Check off either *LATEST* or *ALL*, one interval, and a start time.

A. ☒ *LATEST Result* ☐ *ALL Results*

Every: ☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ 4 hours ☐ 6 hours ☐ 8 hours ☐ 12 hours
☐ 24 hours ☐ 48 hours ☐ 72 hours ☐ 96 hours

Beginning at _____ (UTC / GMT)

OR

Real-Time Distribution of Results: *Please choose one of the following for each time a:*

B. ☐ message is collected C. ☐ location is calculated D. ☐ message is collected or a location is calculated

METHOD OF AUTOMATIC DISTRIBUTION: Please provide both a primary and secondary address, preferably through different networks (ie: INTERNET and NSI/DECnet). Please list the address and node name (ie: Useroffice@Argos5.Dnet.Nasa.Gov or 6776::Useroffice) and indicate preferences with ① and ②.

☐ **Electronic Mail:** Internet Address(es) : _____ @ _____
: _____ @ _____

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NSI/DECnet Addresses : _____ :: _____
                      : _____ :: _____

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☐ **Electronic File:** Address _____ : _____
User Name _____ PW _____ File Name _____

☐ **Fax Service:** Number: () (must be an approved Group III model Fax)

☐ **Telex Service:** Number: _____

☐ **X400 Mailbox Service:** Country Code: _____ Organization: _____
Admin Domain: _____ Surname: _____
Private Domain: _____ First name: _____
Unit 1: _____ Initials: _____
Unit2: _____ Identifier: _____

INTERNAL USE ONLY

TARGET:

INVOICE:

VALID:

rev:
6/93

USER: J P

PC: _____

DATE: _____