DATE: _____

ADS TECHNICAL FILE

ADS Automatic Distribution Service

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) : _____ @ _____
: _____ @ _____
NSI/DECnet Addresses : _____ :: _____
: _____ :: _____

❑ **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:** _____