**NASCTN Spectrum Sharing Test Request Submission Form**

Purpose:

This form standardizes submissions to the National Advanced Spectrum and Communications Test Network (NASCTN) to ensure requested spectrum sharing tests meet the goal of NASCTN to improve opportunities for spectrum sharing through accurate, reliable, and unbiased measurements and analysis. The form guides submitters to provide critical information on the need for rigorous testing/measurements, trusted testing, or the potentially contentious environment surrounding the measurement that requires the use of NASCTN’s cost reimbursed unique capabilities.

Instructions:

The form for submitting spectrum sharing test requests to the NASCTN is provided below.

When filling out the spectrum sharing test request:

* Fill out the form completely
* Red text in the form provides guidance on the information needed for each section
* Replace the red text with the requested information for the test request

Email completed forms to NASCTN for consideration (melissa.midzor@nist.gov).

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National Advanced Spectrum and

Communications Test Network (NASCTN)

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Date: *[Provide the date submitted.]*

**Technical Contact(s):**

*[Provide the Name, Title, Organization, Phone, & Email Address*

*of the technical contact(s) for this test request.]*

**Frequency Range(s) and Technology Impacted**: [Provide the frequency range(s) and technology impacted or affected in the test request.]

**Statement of Problem:** [Summarize the problem/observation/question generating this test request as well as the desired outcome of the testing. Information in the problem statement may include:

* The observed or potential spectrum sharing issue, or challenge
* Scenarios, environments, equipment, or configurations that impact the test request, if known
* The gap or deficiency in current testing methodologies or testing data
* Need for unbiased, trusted, repeatable testing and results
* Potential conflict between Federal and Commercial entities concerning the outcome of this testing
* The known stakeholders/interested organizations impacted or benefited by this testing
* The desired output (e.g., measurands, methodology, data) from this testing request
* Any expected protected data generated from this proposed testing (e.g., proprietary, sensitive, controlled, or classified)

**Background Information**: [Provide any background information that amplified, augments, and expands on the need for this testing effort. Items that could be included are:

* Applicable Federal policy, directives, or guidance impacting this test request
* Related testing efforts
* Related or proposed research, testing, or studies impacting or impacted by this test request
* Related meetings, discussions, or decisions impacting this test request]

**Administrative:** [NASCTN test require the active participation of submitters throughout the testing campaign. Use this area to provide any information on administrative support provided or requested to support the testing, such as:

* Technical personnel
* Equipment for testing
* Contracting personnel (e.g., CRADA, SOW)
* Financial personnel for determining budgets and transferring funds]

**Time line:** [Provide the date (at least Quarter/Year) when the results of the testing is required.]

**Controlled Information:** [If applicable, provide any details on known controlled information related to this testing request.]