



Federal Aviation Administration

FEDERAL AVIATION ADMINISTRATION OFFICE OF COMMERCIAL SPACE TRANSPORTATION

In our continuing efforts to deliver the highest quality products and services to you, we would like you to complete this brief questionnaire, focusing on AST/Industry relations, the FAA commercial spaceport operator licensing process and other AST activities.

Date: _____

1. AST/Industry Relations

1. Select the type(s) of interactions that you have had with AST in the last 12 months.

- Licensing application process for the operation of a new launch site.
- Licensing application process for renewal of a launch site operator license.
- Providing input/data regarding FAA Part 420 (Licensing and Safety Requirements for Operation of a Launch Site) and/or other Federal policy/legislation related to non-Federal launch sites.
- Providing input/data regarding the Commercial Space Transportation Market Forecast
- Attending an FAA Public Meeting regarding regulation development
- Meeting with AST personnel for information sharing (update on your activities and AST activities).
- Attending/Participation in the FAA Commercial Space Transportation Conference
- Attending a COMSTAC Meeting
- Requesting technical and other information from AST.

3. Providing clear feedback and instructions throughout the licensing application process.

Excellent

Satisfactory

Needs Improvement

Comments: _____

4. Providing feedback and guidance throughout the compliance monitoring period and/or on-site inspections.

Excellent

Satisfactory

Needs Improvement

Comments: _____

5. Ensuring the confidentiality of proprietary data

Excellent

Satisfactory

Needs Improvement

Comments: _____

6. Please provide comments and observations regarding the AST licensing process for launch site operators, e.g., things that you would change, or additional information you would like to have.

7. I would assess the overall quality and services provided by AST as:

Excellent

Satisfactory

Needs Improvement

Comments:

Thank you. AST appreciates your feedback!

Optional Contact Information

Company Name

Address *City/State/Zip*

Contact Name (optional) / Title

Phone *E-Mail*

Please Return Survey to:

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