REQUEST FOR TRANSFER OF COLLECTIONS MATERIAL

The information submitted on this form is intended to provide the National Air and Space Museum with sufficient information to make an informed determination of the appropriateness of an inter-museum transfer. In the event of requests for the same object from more than a single organization, the information provided will serve as the basis for ranking multiple requests.

Submitted forms are subject to the Smithsonian’s information disclosure policy.

Please add additional sheets as necessary.

REQUESTING ORGANIZATION INFORMATION

Name of organization: __________________________________________________________

Street address: _______________________________________________________________

___________________________________________________________________________

Shipping address: _____________________________________________________________

___________________________________________________________________________

Name and title of individual in charge of collections acquisitions: ______________________

Telephone: ________________________________    Fax: ________________________________

E-mail: ____________________________________________

Name of organization’s Chief Executive Officer: ________________________________________

Founding date: ____________________    Hours open to the public: ______________________

Approximate annual operating budget: _______________    Most recent annual attendance figure: __________
Is your organization accredited by the American Association of Museums?  
Yes ☐ No ☐

Is your organization a member of the Smithsonian Institution Affiliations Program?  
Yes ☐ No ☐

Is your organization exempt from federal taxation under section 501(c)(3) of the Internal Revenue Code of 1986?  
Yes ☐ No ☐

Organization’s mandate or mission statement: ______________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
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Brief characterization of organization’s permanent collection: ________________________________
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___________________________________________________________________________________________
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___________________________________________________________________________________________
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Brief description of recent exhibitions or programs that your organization has developed or hosted: ________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Number of full-time staff members: ________________________________

Number of part-time staff members: ________________________________

Number of volunteers: ____________________________________________

Does your organization have staff specially trained in museum conservation? If yes, please describe:
___________________________________________________________________________________________
___________________________________________________________________________________________

Does your organization have staff specially trained in aircraft restoration? If yes, please describe:
___________________________________________________________________________________________
___________________________________________________________________________________________

Does your organization have staff specially trained in object handling, collections management, and museum registration? If yes, please describe:
___________________________________________________________________________________________
___________________________________________________________________________________________

FACILITY INFORMATION

Date(s) of construction, include original construction as well as any additions: ____________________________

How many years has your organization operated at this location: ________________________________

Does your organization have a secured, in-house storage area for collections objects? If yes please describe:
___________________________________________________________________________________________
___________________________________________________________________________________________
Does your organization have heating and cooling equipment in operation 24 hours/day, 7 days/week, including times when the building is closed to staff? If no please describe:

___________________________________________________________________________________________

___________________________________________________________________________________________

Does your organization monitor and record temperature and relative humidity levels on a regular basis in collections areas? If yes, by what means and how often?

___________________________________________________________________________________________

___________________________________________________________________________________________

What are the recorded temperature and relative humidity ranges in your building’s collections areas?

<table>
<thead>
<tr>
<th></th>
<th>Temperature in Fahrenheit</th>
<th>% Relative Humidity</th>
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<tbody>
<tr>
<td>Spring / Summer</td>
<td></td>
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<tr>
<td>Fall/Winter</td>
<td></td>
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</tbody>
</table>

What is the maximum usual variation within a 24 hour period in your collections areas for temperature and relative humidity?

<table>
<thead>
<tr>
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<td>Fall/Winter</td>
<td></td>
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</tr>
</tbody>
</table>

Please describe your organization’s pest management procedures:

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___________________________________________________________________________________________

Do you have an electronic security alarm system in operation throughout the building and/or trained security personnel on staff? If yes please describe:

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___________________________________________________________________________________________
Do you have fire detection and/or suppression systems in operation throughout the building? If yes please describe:

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Does your organization have an Emergency Response Plan? Yes ☐ No ☐

Does your organization have a Disaster Recovery Plan? Yes ☐ No ☐

**OBJECT INFORMATION**

Object(s) requested for transfer (Please include complete object name(s) and object number(s)):

___________________________________________________________________________________________

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Please provide a specific description of your planned uses for transferred object(s), detailing the specific interpretive or research value of the object(s) to your institution, the relationship of the object(s) to your institution’s mission and collecting goals, as well as the resources available for the long-term care and maintenance of the object(s):

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Please return completed form to:
National Air and Space Museum, Smithsonian Institution
Collections Division, Office of the Registrar
Independence Avenue at Sixth Street SW
MRC 311, PO Box 37012
Washington, DC 20013-7012.