



Smithsonian  
*National Air and Space Museum*

**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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Brief description of recent exhibitions or programs that your organization has developed or hosted: \_\_\_\_\_

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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:

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

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

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**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:

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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:

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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?

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

	Temperature in Fahrenheit	% Relative Humidity
Spring / Summer		
Fall/Winter		

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

	Temperature in Fahrenheit	% Relative Humidity
Spring / Summer		
Fall/Winter		

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.**