



ID (INTERNAL USE)

# Performer Information

Please do NOT include CUI on this Intake Form

Company Name

Technology Name

SBIR Topic #

Technology Description

Primary POC

Sponsor

TPOC

Contract Start/End

Referral Source

Please list name if 'Other'

## PAST EXPERIENCE

Yes No

1. Have you conducted/participated in a Naval experiment?

2. Have you previously completed install requirements? If yes, please list which processes you completed in the space below.

Focus Area

Expected Outcomes & Objectives

Previously Completed Installation Requirements (Lithium Battery, Laser Safety, etc.)

*Completed forms can be sent to [kelly.b.carruthers.ctr@us.navy.mil](mailto:kelly.b.carruthers.ctr@us.navy.mil)*

Date

Contact Information  
(phone/email)