



LOGISTICAL SUPPORT REQUEST FORM JOURNEY MANAGEMENT PLAN (Inuvik)

OFFICE USE ONLY:

- Entered
- Access
- Reservation
- Email

Note that all portions of this form must be properly filled out in order for Aurora Research Institute (ARI) to provide support. For a list of available services, please visit the [Fee Schedule](#) on our website. Should you require assistance please contact logistics@nwtresearch.com.

Part 1: Applicant Contact Information

Applicant Contact Information		
Name	Affiliation	Date
Applicant Contact Information		
Phone #	E-mail Address	

Part 2: Research Licence

Users of ARI facilities and support services require a valid licence from a research licencing organization. Please provide your scientific research licence number or permit information from another licencing organization. If you do not have a licence, please contact the Scientific Services Office at researchlicensing@gov.nt.ca before submitting a support request.

Licence Information	
Licence #	Issued by

Part 3: Research Group

Research Group			
#	Name	Male/Female	E-mail Address Student/Post Doc, Canadian, Non Can User
1.		[]	
2.		[]	
3.		[]	
4.		[]	
5.		[]	
6.		[]	
7.		[]	
8.		[]	
9.		[]	
10.		[]	

Part 4: Type of Support

Accommodations

	First Name	Check-in Date	Total # of Nights	Check-out Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Laboratory or Office Space

	Requested Space	Special Requirements	Date(s)
1.			
2.			
3.			
4.			

Equipment Rental

	Equipment Requested	Special Requirements	# of Days	Check-out Date	Check-in Date
1.					
2.					
3.					
4.					

Other Support (such as, Tech Support, airport pickup, cargo freight, camping equipment, winter clothing, sat phones, etc.)

	Type of Other Support	Date(s)
1.		
2.		
3.		
4.		

Part 5: Billing Information

A summary of all support provided by ARI is prepared and sent to our Finance Department. An invoice will be sent to the e-mail address you provide. Please be sure to fill out all the billing details below. If your bill will be broken down or separate from other members, please provide instructions.

Principal Researcher

University/Affiliation

E-mail Address

Phone #

Fax #

Choose a method of payment below:

Wire Transfer (\$20 fee applies)

Credit Card

Cheque

Will your transaction be GST Exempt?

If yes, please provide GST Exemption #

No

Yes

University/Affiliation Address (for information purposes):

Other comments:

Important Notices:

Internet usage at the ARI Western Arctic Research Centre and ARI accommodations are monitored. A system is in place to block websites that allow illegal downloading. Any infringements will be user identified - internet access may be denied and also may be liable for prosecution. Please do not attempt any illegal activity.

NOTE: If facility users decide to leave or store goods, equipment, or other items on the premises of ARI Western Arctic Research Centre, their agents and employees assume no responsibility for their loss, theft or damage.

Signature

Date

Part 6: Journey Management Plan

To maximize the safety of researchers, ARI requires the completion of a Journey Management Plan (JMP). The options are: a) complete ARI's Journey Management Plan; b) provide ARI with a **copy** of JMP from another institution. All information is confidential and is **only** used in the case of an emergency.

To be completed by researchers using the Aurora Research Institute's Journey Management Plan

Research Team Name	Dates in Field
<input type="text"/>	<input type="text"/>

Emergency Contact: This information is for use in the case of an emergency. The contact should be someone who can be reached 24 hours a day.

Name:	<input type="text"/>	E-mail:	<input type="text"/>
Phone 1:	<input type="text"/>	Address:	<input type="text"/>
Phone 2:	<input type="text"/>	City:	<input type="text"/>

Alternate Emergency Contact:

Name:	<input type="text"/>	E-mail:	<input type="text"/>
Phone 1:	<input type="text"/>	Address:	<input type="text"/>
Phone 2:	<input type="text"/>	City:	<input type="text"/>

Research Team Members: Include dates that team members arrive and depart.

	Name	Sex	Age	Physical Conditions that could affect them in the field	Date Arriving in Field	Date Departing Field
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Site Information: Location(s) of each research site and dates to be visited. Please include coordinates, latitude and longitude, degrees and minutes (provide up to 2 decimal places).

Community/Location before entry into field:

Community/Location after leaving the field:

Other Field Locations & Dates:

Fire Arms: Please indicate the fire arm description.

	Make	Model	Caliber/Gauge
1.			
2.			
3.			

Methods of Travel: Please include a description of all vehicles.

Make/Model:	
Colour:	
Type: (SUV, CAR, TRUCK)	
Rental Company:	
Return Date to Rental Company:	

Aircraft:

Charter Company:		Contact Person:	
Company Location:		Phone:	
After-Hours Phone:		E-mail:	

Snowmobile:

Make/Model:		Are you equipped with helmets?	
Colour:		Are you using a toboggan?	

Water Craft: Boat with outboard motor or canoe.

Make:		Horsepower:		Is the water craft with flotation jackets?	
Colour:		Type:		Is the water craft with a marine radio?	

Communications Equipment:

Satellite Phone Number(s):	
Satellite Pager:	

Spot Device(s):

Number of Spot Devices:	
ESN Numbers:	
Individual or Team Assigned to each Spot Device:	
Specify Time Daily OK Message will be sent:	
Tracking Function Used:	
Designated Emergency Contact:	
Emergency Contact Phone #:	

Equipment that can be used to identify you from the land or air (i.e. tents, specialized equipment):

Type of Equipment	Amount	Colour(s)	Brand

Equipment Checklist:

Emergency Signaling Equipment-Flares, mirrors, etc. <input type="checkbox"/>	Fuel <input type="checkbox"/>
Flashlights <input type="checkbox"/>	Batteries For Equipment <input type="checkbox"/>
Food <input type="checkbox"/>	Medical Kit <input type="checkbox"/>
Tent/Tarp <input type="checkbox"/>	Boat Paddles <input type="checkbox"/>
Cold Weather Clothing <input type="checkbox"/>	Wet Weather Clothing <input type="checkbox"/>
Insect repellent/Bug Jackets <input type="checkbox"/>	Axe <input type="checkbox"/>
Bear Deterrent <input type="checkbox"/>	Fire Starting Equipment <input type="checkbox"/>
Other: <input type="checkbox"/>	Other: <input type="checkbox"/>
<input type="text"/>	<input type="text"/>

Signature

Date

Thank you on behalf of Aurora Research Institute.