



# LOGISTICAL SUPPORT REQUEST FORM & JOURNEY MANAGEMENT PLAN (Inuvik)

## For Office Use Only:

- ☐ Entered  
☐ Access  
☐ Reservation  
☐ Email

Please notice the Journey Management Plan at the end of this form. All portions of this form must be filled out in order for Aurora Research Institute (ARI) to provide support. For a list of available equipment and fee rates, see ARIs Fee Schedule on our website at <http://nwtresearch.com/logistics/fee-schedule>

### Part 1: Applicant Contact Information

Name	Affiliation	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone #	E-mail Address	
<input type="text"/>	<input type="text"/>	

### 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 Manager, Scientific Services at [licence@nwtresearch.com](mailto:licence@nwtresearch.com) prior to submitting a support request.

Licence #	Issued by
<input type="text"/>	<input type="text"/>

### Part 3: Research Group

	Name	Male/Female	E-mail Address	Student/Post Doc, Canadian, Non Can User
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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**

**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:  E-mail:

Phone 1:  Address:

Phone 2:  City:

**Alternate Emergency Contact:**

Name:  E-mail:

Phone 1:  Address:

Phone 2:  City:

**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:	<input type="text"/>
Colour:	<input type="text"/>
Type: (SUV, CAR, TRUCK)	<input type="text"/>
Rental Company:	<input type="text"/>
Return Date to Rental Company:	<input type="text"/>

**Aircraft:**

Charter Company:	<input type="text"/>	Contact Person:	<input type="text"/>
Company Location:	<input type="text"/>	Phone:	<input type="text"/>
After-Hours Phone:	<input type="text"/>	E-mail:	<input type="text"/>

**Snowmobile:**

Make/Model:	<input type="text"/>	Are you equipped with helmets?	<input type="text"/>
Colour:	<input type="text"/>	Are you using a toboggan?	<input type="text"/>

**Water Craft:** Boat with outboard motor or canoe.

Make:	<input type="text"/>	Horsepower:	<input type="text"/>	Is the water craft with flotation jackets?	<input type="text"/>
Colour:	<input type="text"/>	Type:	<input type="text"/>	Is the water craft with a marine radio?	<input type="text"/>

**Communications Equipment:**

Satellite Phone Number(s):	<input type="text"/>
Satellite Pager:	<input type="text"/>

**Spot Device(s):**

Number of Spot Devices:	<input type="text"/>
ESN Numbers:	<input type="text"/>
Individual or Team Assigned to each Spot Device:	<input type="text"/>
Specify Time Daily OK Message will be sent:	<input type="text"/>
Tracking Function Used:	<input type="text"/>
Designated Emergency Contact:	<input type="text"/>
Emergency Contact Phone #:	<input type="text"/>

**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"/>

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date*Thank you on behalf of Aurora Research Institute.*