

APPROVAL TO ENTER WINTER ROAD NETWORK



Nibinamik First Nation

SECTION TO BE COMPLETED BY FIRST NATION	
Company Name Address Contact Phone #	
Purpose for Entering Items being Delivered	
Date of Entry Length of Stay	
First Nation Contact Name Signature Contact Phone #	
SECTION TO BE COMPLETED BY SERVICE COMPANY BEFORE ENTERING	
Delivery Personnel Name(s) Contact Phone # License# Truck#	
COVID Test Date COVID Test Results (must have copy on hand)	

PLEASE COMPLETE ONE FORM PER SCHEDULED TRIP / VEHICLE

SHOW THIS COMPLETED FORM AT 808 CHECK-POINT AS PROOF OF ENTRY