



APPROVAL TO ENTER WINTER ROAD NETWORK

SECTION COMPLETED BY COMPANIES	
Company Name and Address:	
Phone Number(s) and Email(s):	
Company's Primary Contact(s):	
Delivery Information (What NFN Program, primary contacts (phone numbers, emails for both incoming and NFN program managers	
Accommodations in community or day trips:	
Date of Entry:	
Date of Leave:	

SECTION TO BE COMPLETED BY PANDEMIC RESPONSE TEAM	
Delivery Personnel Name(s)	
Type of Truck and License #	
Date when submitted Proof of Vaccinations: (must have copy on hand)	
Date(s) when submitted Negative Test Results: (must have copy on hand)	

I, _____, Pandemic Coordinator approves the above-mentioned Delivery Personnel to enter Neskantaga First Nation Territory from both Check Points (Matawa 808 Check Point and NFN Check Point) to deliver NFN Projects Supplies and Materials. Please adhere and respect the Contractors Protocols and Procedures as follows.

Contact the Pandemic Response Team Coordinator should you require additional information or clarification at the following:

Phone Number

Email

Signature – PRT Coordinator

Signature – Witness

Date of Approval