

## CNRE Satellite Messenger and Emergency Beacon Loan Program - Application Form

Please submit this PDF form to Associate Dean Keith Goyne at <a href="mailto:goynek@vt.edu">goynek@vt.edu</a>.

| Applicant Name  | Applica  | Applicant Email   |                  |               |
|---|--|-------------------|------------------|---------------|
| Name of the faculty member supervising the research proje   | ect  |                   |                  |               |
| Semester during which you wish to borrow a unit. If not need the semester are you requesting use of a beacon(s)?  | eded during t  | he entire semes   | ter, during whic | h months of   |
| Location of your research   | How many units are you requesting (there are 3 units available)? |                   |                  |               |
| Describe the field safety needs associated with your reques (e.g., working alone in a remote area without reliable cell dangerous animals, etc.)                          |  | orking with dan   | gerous equipm    | ent or        |
|   |  |                   |                  |               |
| Does your field site have reliable cell phone coverage?   | Yes  | No                | Unsure           |               |
| Does your lab have an existing field safety plan?   | Yes  | No                |                  |               |
| If yes, how would the satellite beacon augment the field safe   | ety plan?  |                   |                  |               |
|   |  |                   |                  |               |
| Describe any financial circumstances associated with your (e.g., the grant supporting the research does not permit p short period of time the beacon will be used, etc.). |  | unit, the cost ca | annot be justifi | ed due to the |
|   |  |                   |                  |               |
|   |  |                   |                  |               |

## User Agreement for the CNRE Satellite Messenger and Emergency Beacon Loan Program

This user agreement outlines the responsibilities of the end-user and faculty supervisor.

- The responsible party is the faculty member supervising the research project associated with the application request.
- It is the faculty member's responsibility to pay for: (1) the monthly plan plus taxes, (2) any activation and deactivation fees, (3) any overage fees incurred while renting a unit, and (4) the replacement or repair of any damaged or lost units (~\$500 per unit).
- All personnel using the unit are required to understand proper operation and limitations of the device. The user manual and tutorials are available on Garmin's website.
- A unit can only be checked out for one semester at a time or specific months within a given semester. Semester dates will follow the official Virginia Tech academic calendar.
- It is the responsibility of the applicant to coordinate acquisition and return of units with the CNRE IT department.
- Each time a Garmin InReach unit is borrowed, the faculty member or their designee will need to setup and activate a plan from the Garmin website. These plans will be charged to the supervising faculty member's selected research account until the unit is deactivated.
- When finished with the unit, the faculty member or their designee must deactivate the plan and return the unit to the CNRE IT department on or before the due date.

| Applicant signature (if different from facul | lty member) Date  |  |  |
|--|---|--|--|
| Faculty Member signature (required)          | Date  |  |  |
| Info below to be completed by the college    |   |  |  |
| Approved: Yes or No # of units issued:       | Approved dates of unit loan:  Are units in operating order? Yes or No |  |  |
| Inspected and issued by:                     | Date issued:  |  |  |
| # of units returned:                         | Are units in operating order? Yes or No                               |  |  |

Date of return:

Inspected and returned to: