Scientific Objectives:	(to be used for bo	th for UK Time on EISCAT Facilities th Mainland and Svalbard Experiments) otes for Guidance before completing this form	
Author(s): Address for Correspond	ence:		
Telephone:Fax:EISCAT Operations Required*:		Basic Description of the Experiment:	
UHF         Active       Passive       Other         VHF         Active       Passive       Tristatic         Vertical       Iow elevation       Other         If Other, please give details in Experiment Description       Description			
<ul> <li>☐ Heater</li> <li>☐ ESR</li> <li>☐ Active ☐ Pase</li> <li>☐ 32m ☐ 42</li> <li>☐ RISR-C</li> <li>*Tick boxes as applicable</li> <li>Total Accounting Time N Mainland:</li> <li>Svalbard:</li> </ul>		Technical Description of the Experiment (e.g. scan speeds required, pulse code if known, etc):	
RISR –C:			

When would you like the experiment to be run?	Interruptions Acceptable YES NO
Time of Year: Time of Day:	Preparations Required:
Does this experiment have to be run at a particular time? If Yes, give approximate dates opposite, and provide reasons in the Scientific Case.	Geophysical Conditions Required:
	Related Experiments:
Is the proposed experiment connected to a current research council grant?	Funding Council:
	Grant Number:
YES NO	Grant Title:
If yes fill in details opposite	
Proposal submitted by:	Date of Submission: