|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Email completed form to:*** [***asm\_crm@email.arizona.edu***](mailto:asm_crm@email.arizona.edu) | | | | | ***Email subject line: AAA Project-Specific Permit Application*** | | |
| ***Please note: The original, signed permit application and final, ASM-approved project-specific treatment plan (if applicable) must be mailed within 30 days of permit issuance. Failure to do so will result in permit revocation. See Section 8g below for mailing instructions.***  ***It is not necessary to submit copies of previously approved general work plans.*** | | | | | | | |
| **ASM use only** | | | | | | | |
|  | Permit No. | |  |  | | Approved by: |  |
|  | ASM Accession No. | |  |  | | Date: |  |
|  | Burial Agreement No. | |  |  | |  |  |
|  | | | | | | | |
| **Section 1.** **Applicant Information** | | | | | | | |
|  | a. ASM Job No.: | |  | | | | |
|  | b. Date: | |  | | | | |
|  | c. Institution: | |  | | | | |
|  | d. Address: | |  | | | | |
|  | e. City, state, zip code: | |  | | | | |
|  | f. Phone: | |  | | | | |
|  | g. Permit contact name: | |  | | | | |
|  | h. Permit contact email: | |  | | | | |
|  |  | |  | | | | |
| **Section 2. Project Information** | | | | | | | |
|  | a. Project Name: |  | | | | | |
|  | b. Project Number: |  | | | | | |
|  | c. Project Sponsor: |  | | | | | |
|  |  | |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 3. Staff** | | | | | | | | | | |
|  | *a. List name(s) to appear on permit; check principal investigator [PI], project director [PD], or both.* | | | | | | | | | |
|  | **PI** | **PD** | | **Name** | | | | | | |
|  |  |  | |  | | | | | | |
|  |  |  | |  | | | | | | |
|  |  |  | |  | | | | | | |
|  |  |  | |  | | | | | | |
| **Section 4. Type(s) of Investigation** | | | | | | | | | | |
|  |  | archaeological non-collection survey | | | | |  | |  | stabilization projects |
|  |  | archaeological collection survey | | | | |  | |  | paleontological non-collection survey |
|  |  | archaeological testing | | | | |  | |  | paleontological collection survey |
|  |  | archaeological excavation | | | | |  | |  | paleontological excavation or testing |
|  |  | archaeological site monitoring | | | | |  | |  | paleontological site monitoring |
|  | *Work will be conducted under:* | | | | | | | | | |
|  |  |  | General work plan | |  |  | | Project-specific research design and work plan | | |
| **Section 5. Repository** | | | | | | | | | | |
|  | Name of public repository in which all collected artifacts and all project records will be deposited: | | | | | | | | | |
|  |  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 6. Project Description** | | | | | | | | | | | | | | | |
|  | a. Landowner (not lessee): | | | | |  | | | | | | | | | |
|  | b. ASM site(s) to be investigated: | | | | |  | | | | | | | | | |
|  | c. General description of work to be done under the permit: | | | | | | | | | | | |  | | |
|  | d. Amount of money available for fieldwork on the project covered by this application, exclusive of regular staff salaries: | | | | | | | | | | | | $ | | |
|  |  | | | | | | | | | | | |  | | |
| **Section 7. Location of Investigation** | | | | | | | | | | | | | | | |
|  | *a. Use the table below to list the Baseline and Meridian, Township, Range and Section (TRS). List one TRS per line. If land is unplatted, give estimated Townships and Ranges and list section as unplatted.*  *If additional space is needed, use a Permit Application Addendum: Additional Township/Range/ Section Form* | | | | | | | | | | | | | | |
|  | **Baseline and Meridian** | | | | **Township (N/S)** | | | | | | | **Range (E/W)** | | | **Section** |
|  |  | | | |  | | | | | | |  | | |  |
|  |  | | | |  | | | | | | |  | | |  |
|  |  | | | |  | | | | | | |  | | |  |
|  |  | | | |  | | | | | | |  | | |  |
| **Section 8. Permit Duration** | | | | | | | | | | | | | | | |
|  | Period during which applicant wishes to conduct investigations (not to exceed one year): | | | | | | | | | | | | | | |
|  |  | From | |  | | | to |  | | | | | | | |
|  | Proposed delivery date of records and reports to ASM: | | | | | | | | | |  | | | | |
|  | Work done under this permit will be distributed in the following publications (e.g., technical report): | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Section 9. Signature** | | | | | | | | | | | | | | | |
| **Upon approval and issuance of an Arizona Antiquities Act project-specific permit, the applicant agrees to abide by the Arizona Antiquities Act, ARS §41-841 et seq., and all implementing rules in Arizona Board of Regents Policies 8-201 through 8-207 as authorized by ARS §15-1631.** | | | | | | | | | | | | | | | |
| Signed: | | |  | | | | | | | Printed Name: | | | |  | |
| Position: | | |  | | | | | | | Date: | | | |  | |
|  | | | | | | | | | | | | | | | |
| **Section 10. Please Note:** | | | | | | | | | | | | | | | |
| a. All services offered by ASM must be requested through the ASM Request Quote for Services website: <https://uavpr.arizona.edu/ASM/quoterequest/index.php>  b. Section 1: If the applicant is a first-time applicant, complete the Permit Application Addendum: First Time Applicant Form and submit as a hard copy with this application.  c. Section 1a: ASM Job No. refers to the tracking number given at the time the quote is requested from the ASM Request Quote for Services website. It is also called the Job/Quote Reference ID.  d. Section 1c: Institution refers to the company, agency, or institution conducting work.  e. Section 2: If work will be done under a General work plan, submit the Permit Application Addendum: Work Conducted Under a General Work Plan Form. ASM keeps all general plans on file. It is not necessary to attach a copy.  f. Section 2: If work will be done under a Project-specific research design and work plan, a hard copy of the plan must be submitted in hard copy format with the permit application. See the See the SHPO *Standards for Inventory Documents Submitted for SHPO Review in Compliance with Historic Preservation Laws* and *Arizona Antiquities Act Minimum Requirements and Checklist for Reports, Treatment Plans, and Maps* for guidance on creating this document.  g. Section 3: If the persons listed as a Project Director and/or Principal Investigator are not previously approved by the Arizona State Museum Permits Office, request a Project Director/Principal Investigator Review service from the ASM Request for Quote Services website.  h. Section 5: If the project is not being curated at ASM, include a copy of a signed curation agreement from the approved, issuing repository.  i. Section 9: The permit application must be signed by a Principal Investigator listed on this permit who has been reviewed and approved according to the Rules Implementing the Arizona Antiquities Act.  j. A scan of the completed and signed permit application and treatment plan may be emailed to the below address with the specified subject heading. However, the original, signed application and a hard copy of the ASM-approved treatment plan (if applicable) must be mailed within 30 days of permit issuance. Failure to do so will result in permit revocation.   1. Email completed form to: **asm\_crm@email.arizona.edu** 2. Use this subject heading when submitting the completed form via email: **AAA Project-Specific Permit Application** | | | | | | | | | | | | | | | |
| k. Submit original, signed application and a hard copy of the ASM-approved treatment plan (if applicable) to: | | | | | | | | | Archaeological Permits Office Arizona State Museum  The University of Arizona  1013 E. University Blvd.  Tucson, AZ 85721-0026 | | | | | | |