



Avocational Archaeology Permit Application

Permit Applicant:

Given Name	Initial(s)	Surname
Address		City/Village/Town
Province	Postal Code	Telephone
e-mail		

1. Activities and Locations

I plan to do the following activities under this permit:

- | | |
|--|--|
| <input type="checkbox"/> Survey | <input type="checkbox"/> Mapping at a known site |
| <input type="checkbox"/> Surface collection of artifacts | <input type="checkbox"/> Mapping at a new site |

The location(s) I plan to work at are as follows:

- | | | | | | |
|--------------------------|------------------------------|-------------------------------|----------------------------|------------------------|------------------------|
| LSD <input type="text"/> | Section <input type="text"/> | Township <input type="text"/> | Range <input type="text"/> | W <input type="text"/> | M <input type="text"/> |
| LSD <input type="text"/> | Section <input type="text"/> | Township <input type="text"/> | Range <input type="text"/> | W <input type="text"/> | M <input type="text"/> |
| LSD <input type="text"/> | Section <input type="text"/> | Township <input type="text"/> | Range <input type="text"/> | W <input type="text"/> | M <input type="text"/> |
| LSD <input type="text"/> | Section <input type="text"/> | Township <input type="text"/> | Range <input type="text"/> | W <input type="text"/> | M <input type="text"/> |
| LSD <input type="text"/> | Section <input type="text"/> | Township <input type="text"/> | Range <input type="text"/> | W <input type="text"/> | M <input type="text"/> |
| LSD <input type="text"/> | Section <input type="text"/> | Township <input type="text"/> | Range <input type="text"/> | W <input type="text"/> | M <input type="text"/> |
- (attach additional sheets, as needed)

These known sites are located in the area in which I intend to work:

2.0 Proposed Field Methods

In order to do the activities at the locations outlined above I intend to:

My field assistants (if any) will be:

3.0 Artifact Curation

If I collect any artifacts during the course of fieldwork, they will be stored at:

- _____ Store at my residence
- _____ Store at local museum (Name: _____)
- _____ Store at Royal Saskatchewan Museum
- _____ Other (please attach description)

4.0 Project Schedule

Anticipated date of fieldwork commencement _____
Anticipated date of fieldwork conclusion _____

I hereby certify that I understand my obligations under *The Heritage Property Act* and its regulations and any policies or term and conditions passed and imposed pursuant to that Act.

I also certify that I have sufficient resources to carry out the fieldwork described, including fieldwork, analysis and reporting.

I agree to abide by all reporting requirements and any deadlines set by the Heritage Conservation Branch in order to fulfill the terms of this permit.

Dated this _____ day of the month of _____ in the year _____

Applicant

Sponsor (if applicable)

Witness Name (printed)

Witness Signature