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| **Section 1.** **Applicant Information** | | | | | | |
|  | a. Date: | |  | | | |
|  | b. Institution: | |  | | | |
|  | c. Address: | |  | | | |
|  | d. City, State, Zip Code: | |  | | | |
|  | e. Phone: | |  | | | |
|  | f. Permit Contact Name: | |  | | | |
|  | g. Permit Contact Email: | |  | | | |
|  |  | |  | | | |
| **Section 2. Overview of Organization** | | | | | | |
|  | a. Nature and status of applicant organization: | | | |  | |
|  |  | | | | | |
|  |  | | | | | |
|  | b. Scientific affiliations: |  | | | | |
|  |  | | | | | |
|  |  | | | | | |
|  | c. General scope and character of applicant organization’s activities and objectives: | | | | |  |
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| **Section 3. Security** | | | | | | |
|  | a. Brief description of facility security: | | |  | | |
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| **Section 4. Please Note:** | | | | | | |
| a. This is not a standalone document. Please attach completed form to an Arizona Antiquities Act Project-Specific Permit Application.  b. Section 1b: Institution refers to the company, agency, or institution conducting work. | | | | | | |