Use Code:	
Authorization ID:	
Contact ID:	

FS-2700-30 (XX/202X) OMB No. 0596-0082

U.S. DEPARTMENT OF AGRICULTURE FOREST SERVICE

APPLICATION FOR PERMIT FOR ARCHAEOLOGICAL INVESTIGATIONS

Archaeological Resources Protection Act of 1979, 16 U.S.C. 470aa-mm

> Antiquities Act of 1906, 16 U.S.C. 431-433

Organic Act of 1897 16 U.S.C. 551

Instructions: Complete and return two copies of this application form and required attachments to the appropriate Forest Service administrative unit. All information requested must be completed before the application will be considered. Use separate pages if more space is needed to complete a section.							
1. Name of applicant (individual, institution, corporation, partnership, or other entity)							
2. Mailing address		3. Telephone numbers					
				4. Email addresses			
5. Nature of archaeological wo	ork proposed		6. Location of proposed work (attach additional sheets)				
☐ Survey and recordation			a. Description of federal lands involved. Specification of state, county, and Forest Service administrative unit where work is to occur,				
☐ Limited testing (shovel tests, scrapes, probes)			using best available data, e.g., global positioning satellite coordinates, Universal Transverse Mercator coordinates, township, range and section (cadastral) subdivisions, or metes and bounds. Readable copy of map at appropriate scale showing specific areas for which permit is desired.				
☐ Formal testing and/or surf specific)	☐ Formal testing and/or surface collection (project-specific)						
☐ Excavation and/or removal (project-specific)			b. Identification of archaeological or other cultural resources involved.				
☐ Conservation and protection, e.g., ruin stabilization, restoration, rock art conservation, ARPA damage assessments (project-specific)							
7. Duration of proposed work							
Duration of entire project:	From	To					
Duration of fieldwork:	From	To)				
8. Principal investigators			Principal investigators contact information				
Name of individuals responsible for planning and overseeing field projects, including supervision of staff and responsibility for the professional quality of resource evaluations and recommendations			Telephone numbers: Email addresses:				

O. Field director					
9. Field director	Field director contact info	ormation			
Name of individuals responsible for carrying out field projects, for technical quality of fieldwork through direct on-the-ground supervision of all aspects of fieldwork and data gathering, for proposing resource evaluations and recommendations for further treatment, and for preparing field records and	Telephone numbers:				
descriptive reports.	Email addresses:				
	Email addresses.				
10. Permit holder	Permit holder contact info	ormation			
Name of individual who will be responsible for fulfilling the terms and conditions of the permit or who has authority to bind the entity applying for the permit to its terms and conditions.	Telephone numbers:				
Tot the permit to ite terms and containers.	Email addresses:				
11. The applicant must attach the following to the application form:					
a. A description of the purpose, nature, and extent of the work proposed, including how and why it is proposed to be conducted (include research design, methods, and curation).					
b. A summary of support capabilities, including the location and a description of necessary facilities and equipment, the personnel to be involved in the proposed work, and, in the case of an applicant that is an entity, its organizational structure and staffing.					
c. A summary of the applicant's experience in completing the kind of work proposed, including similar projects and government contracts and federal permits that were previously held, that are currently in force, with their effective dates, and that are pending or planned, by agency and region or state, reports or publications resulting from similar work, and any other pertinent experience.					
d. For each individual named in blocks 8 and 9, a resume including education, training, and experience in the kind of work proposed and in the role proposed.					
e. A written certification, signed by an authorized official of the proposed curatorial facility, attesting to the facility's capability and willingness to accept any collections, records, data, photographs, and other documents generated during the proposed permit term and to assume permanent curatorial responsibility for those materials on behalf of the United States Government pursuant to 36 CFR Part 79. Archaeological and historical artifacts excavated or removed from National Forest System lands and their associated documentation shall remain the property of the United States. Custody of any Native American human remains or cultural items subject to the Native American Graves Protection and Repatriation Act (NAGPRA), 25 U.S.C. 3001-3013, that are removed from National Forest System lands shall be determined in accordance with NAGPRA and its implementing regulations at 43 CFR Part 10.					
12. Proposed publications for results of work conducted under the permit					
13. Signature of individual named in block 10		14. Date signed			

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995, a Federal agency may not conduct or sponsor, and a person is not required to respond to, an information collection request unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection request is 0596-0082. Response to this information collection request is required to obtain or retain benefits, specifically, a special use authorization. The authority for this information collection request is the Archaeological Resources Protection Act of 1979,16 U.S.C. 470aa-mm. The time required to complete this information collection request is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, collecting and maintaining the data needed, and completing and reviewing the information collection request. Send

comments regarding this burden estimate or any other aspect of this information collection request, including suggestions for reducing the burden, to Forest Service Information Collections Officer, <u>SM.FS.InfoCollect@usda.gov</u>, with OMB control number 0596-0082 in the subject line.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act statement serves to inform you of the following concerning the collection of the information on this form.

Purpose: The Privacy Act of 1974 requires that the Director of Recreation, Heritage, and Volunteer Resources staff and the Director of Lands, Minerals, and Geology Management staff provide the following statements to individuals from whom they request information.

Authority: Collection of this information solicited on this form is authorized by the Archaeological Resources Protection Act of 1979, 16 U.S.C. 470aa-mm.

Routine Uses: The information collected will be used by Forest Service officials to ensure that your use of National Forest System lands is administered in accordance with applicable statutes, regulations, and directives. The information collected from you is retained in the Special Uses Data System (SUDS) and is retrieved by the Forest Service create reports for the Agency's Special Uses Program, generate bills for collection of land use fees for your authorization, monitor compliance with your special use authorization, and other matters pertaining to administration of your special use authorization. SUDS is a component of the Forest Service's Natural Resources Manager database (NRM). A complete list of the routine uses of NRM can be found in the system of records notice associated with this form, FS-24.

Disclosure: The submission of this information is required to obtain or retain benefits, specifically, a special use authorization.

NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit the completed form or letter to USDA by (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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