

Heritage Conservation Branch 9th Floor 1919 Saskatchewan Dr. Regina, SK S4P 4H2

Avocational Archaeology Permit Application

Permit Applicant:		
Given Name	Initial(s)	Surname
Address		City/Village/Town
Province	Postal Code	Telephone
e-mail		
Survey Surface coll	lowing activities under ection of artifacts	Mapping at a known site Mapping at a new site
		Range W M
LSD Sect	ion Township _	Range W M
LSD Sect	ion Township	Range W M
LSD Sect	ion Township	Range W M
LSD Sect	ion Township	Range W M
LSD Sect	ion Township _	Range W M
(attach additional s		~
Those known sites	are located in the area	in which I intend to work:
These known sites		
These known sites		

_	Dosed Field Methods In order to do the activities at the locations	outlined above I intend to:
-		
-		
-		
	My field assistants (if any) will be:	
	fact Curation	
	If I collect any artifacts during the course of	f fieldwork, they will be stored at:
-	Store at my residence	,
-	Store at local museum (Name: Store at Royal Saskatchewan Museu	
-	Other (please attach description)	
	ect Schedule Anticipated date of fieldwork commencement Anticipated date of fieldwork conclusion	
•	Anticipated date of ficidwork conclusion _	
	certify that I understand my obligations und ons and any policies or term and conditions p	
	rtify that I have sufficient resources to carry g fieldwork, analysis and reporting.	out the fieldwork described,
	o abide by all reporting requirements and any ation Branch in order to fulfill the terms of the	
Dated this	is day of the month of	in the year
A 1'		0 ('0 1' 11)
Applicant	nt	Sponsor (if applicable)
Witness N	Name (printed) Witness	Signature