

ARTIFACT CURATION FORM

GENERAL INFORMATION

Please Print

Antiquities Permit No. _____

Principal Investigator _____

Agency/Institution/Company _____

Project Name _____

Location of Project Area _____

Approximate Project Dates _____

CERTIFICATION OF CURATION

The undersigned verifies that artifacts and documents associated with investigations performed under Antiquities Permit or under federal regulations were delivered to this repository in satisfactory condition and have been accepted for permanent curation.

Signature of Authorized Representative _____

Please Print

Name of Authorized Representative _____

Title _____

Name of Curatorial Facility _____

Date _____

