



**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:*

- Survey
- Surface collection of artifacts
- Mapping at a known site
- Mapping at a new site

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

- LSD \_\_\_\_\_ Section \_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_ W \_\_ M
- LSD \_\_\_\_\_ Section \_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_ W \_\_ M
- LSD \_\_\_\_\_ Section \_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_ W \_\_ M
- LSD \_\_\_\_\_ Section \_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_ W \_\_ M
- LSD \_\_\_\_\_ Section \_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_ W \_\_ M
- LSD \_\_\_\_\_ Section \_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_ W \_\_ M

(attach additional sheets, as needed)

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

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**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 Resources 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