

Tribal Historic Preservation Office

Cultural Research Clearance Permit

\*Ethnohistorical, Ethnographic, Videography and Oral History Recordation

Permit Number:

Name of Applicant (Institution, Corporation, Partnership, Individual or Entity):

Designated Contact:

Name: Title:

Physical Address:

Mailing Address:

Contact Information:

Telephone: Cell Phone: Fax: Email:

What type of research is being conducted?

Beginning Date: End Date:

Location of Work:

Legal Description:

What will this research be used for?

Will there be ground disturbance activity involved?

\*\*The SWO retains all rights to Intellectual property information obtained and is subject to review and/or change at our discretion.

I attest that all above information is correct and true.

Applicant Signature

Date

FOR OFFICE USE ONLY

(Approval) (Denial) granted on this day, of , 20.

THPO Officer

Paid by: Cash Check - Ck No.

Every part of this Earth is sacred to my people. We are part of the Earth and it is part of us. ~ Chief Seattle, 1854