FOR INTERNAL USE ONLY		
art Date:		

End Date:

FORM 1

APPLICATION FOR ARCHAEOLOGICAL FIELD RESEARCH PERMIT

(Heritage Conservation Act, S.N.B., 2010, c. H-4.05, s.12)

Date Received		Permit N	Permit No	
. Арр	plicant information (please attach your curriculum	vitae to the application form)		
urname	Given na	nes	Initial(s)	
Address/Bo	ox No Municipality or o	community	Postal code	
Occupation	n Employer/Affiliation	Telephone	E-mail	
ou by ot	in good standing with regards to any archaeological ther jurisdictions? yes \(\sigma\) no \(\sigma\)	•	nat nave been issued to	
ou by of	ther jurisdictions? yes \square no \square	c details. municipality		
f answer. Loc 1) 2)	ther jurisdictions? yes \(\sigma \) no \(\sigma \) ring "no" please attach a separate sheet with specification of archaeological field research Municipality or, if an unincorporated area, closest County Location name(s) and/or Borden Number(s) (if apple)	c details. municipality		
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3.	Project proposal					
	1)	Project title				
	2)	3) Name of conservator or conservation facility				
	<i>3)</i>					
	 4) Anticipated commencement date of archaeological field research 5) Anticipated termination date of archaeological field research 					
	<i>6</i>)	Name of facility and personnel conducting post	field analysis			
	6) Name of facility and personnel conducting post-field analysis					
_						
Date	d this	day of, 20				
Applic	cant's S	Signature				