|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Email completed form to: asm\_crm@email.arizona.edu*** | | | | | | | | | | |  | ***Email subject line: Request for Repository Services*** | | | | | | | | |
| **ASM use only** | | | | | | | | | | | | | | | | | | | | |
|  | ASM Accession No. | | | |  | | | | | |  | | AAA Permit No. | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Section 1.** **Applicant Information** | | | | | | | | | | | | | | | | | | | | |
|  | a. ASM Job No.: | | | | |  | | | | | | | | | | | | | | |
|  | b. Date Requested: | | | | |  | | | | | | | | | | | | | | |
|  | c. Institution: | | | | |  | | | | | | | | | | | | | | |
|  | d. Address: | | | | |  | | | | | | | | | | | | | | |
|  | e. City, State, Zip Code: | | | | |  | | | | | | | | | | | | | | |
|  | f. Phone: | | | | |  | | | | | | | | | | | | | | |
|  | g. Contact Name: | | | | |  | | | | | | | | | | | | | | |
|  | h. Contact Email: | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Section 2. Project Information** | | | | | | | | | | | | | | | | | | | | |
|  | a. Project Name: | | | | | |  | | | | | | | | | | | | | |
|  | b. Company Project Number: | | | | | |  | | | | | | | | | | | | | |
|  | c. Project Sponsor: | | | | | |  | | | | | | | | | | | | | |
|  | d. Project Sponsor Contact Name: | | | | | |  | | | | | | | | | | | | | |
|  | e. Project Sponsor Address: | | | | | |  | | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Section 3. Type(s) of Investigation (select all that apply):** | | | | | | | | | | | | | | | | | | | | |
|  | *a. Select all that apply:* | | | | | | | | | |  |  | | | | | | | | |
|  |  | | Archaeological collection survey | | | | | | | |  | Archaeological testing | | | | | | | | |
|  |  | | Archaeological site monitoring | | | | | | | |  | Archaeological excavation | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Section 4. Project Description** | | | | | | | | | | | | | | | | | | | | |
|  | a. Landowner (not lessee): | | | | | |  | | | | | | | | | | | | | |
|  | b. Landowner address: | | | | | |  | | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | | | | | |
|  | c. Agency Contact: | | | | | |  | | | | | | | | | | | | | |
|  | d. Permit Agency: | | | | | |  | | | | | | | *Select:* | | State | | Federal | | County |
|  |  | *(List all permitting agencies)* | | | | |  | | | | | | | *Select:* | | State | | Federal | | County |
|  |  | | | | | |  | | | | | | | *Select:* | | State | | Federal | | County |
|  | e. Anticipated dates of fieldwork: | | | | | |  | | | | | | | | | | | | | |
|  | f. Estimated Person-field days: | | | | | |  | | | | | | | | | | | | | |
|  | g. ASM site(s) to be investigated. Specifically identify landowner and/or agency (e.g., ASLD, Private, BLM) | | | | | | | | | | | | | | | | | | | |
|  |  | | | **ASM Site Number** | | | | | | **Landowner and/or Agency** | | | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | h. Use the table below to list the baseline and meridian, township, range, and section of the Project Area.  One TRS per line. | | | | | | | | | | | | | | | | | | | |
|  |  | | | **Baseline and Meridian** | | | | **Township (N/S)** | | | | | | | **Range (E/W)** | | | | **Section** | |
|  |  | | |  | | | |  | | | | | | |  | | | |  | |
|  |  | | |  | | | |  | | | | | | |  | | | |  | |
|  |  | | |  | | | |  | | | | | | |  | | | |  | |
|  |  | | |  | | | |  | | | | | | |  | | | |  | |
|  |  | | |  | | | |  | | | | | | |  | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  | i. General description of work to be conducted: | | | | | | | |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| **Section 5. Please Note:** | | | | | | | | | | | | | | | | | | | | |
| a. All services offered by the ASM must be requested through the ASM Request Quote for Services website: <https://asmquoterequest.oasis-prod.arizona.edu/ASM/quoterequest/>  b. A Repository Agreement is requested with Project Registration through the ASM Request Quote for Services website. To ensure quick processing time, an Arizona Antiquities Act Project-specific Permit for any work conducted on State land should be requested in the same quote request.  c. Section 1a: ASM Job No. refers to the tracking number given at the time the quote is requested from the ASM Request Quote for Services website. It is also called the Job/Quote Reference ID.  d. Section 1c: Institution refers to the company, agency, or institution conducting work.  e. Sections 2c, 2d, 4a, 4b: If there is more than one sponsor or landowner, please attach additional contact and address information to this form.  f. ASM staff will not process forms emailed to staff email accounts. To avoid delays, follow these instructions:   1. Email completed form to: **asm\_crm@email.arizona.edu** 2. Use this subject heading when submitting the completed form via email: **Request for Repository Services** | | | | | | | | | | | | | | | | | | | | |