**Kentucky Office of State Archaeology**

**University of Kentucky, 1020A Export Street, Lexington, KY 40506-9854**

859-257-1944 • fax: 859-323-1968 • email: ky-osa@lsv.uky.edu

**Application for Cave Protection Act Permit**

**Principal Investigator:**

**Field/Project Director:**

**Affiliation:**

**Address:**

**City, State, Zip:**      ,

**Telephone:**

**E-mail:**

**Title/description/purpose of project:**

**Anticipated dates of fieldwork:**

**Lead State, County, or Municipal Agency:**

**Contact Information (name, phone):**

**Location: County(s):**

 **USGS Quadrangle(s):**

**Designated Curation Facility:**

**A copy of the appropriate section of the USGS 7.5” topographic map showing the location of the cave must be attached to this application.**

All field investigations, explorations or recovery operations undertaken under this permit shall be carried out under the general supervision of the state archaeologist and the Kentucky Heritage Council and in a manner to ensure the maximum amount of historic, scientific, archaeological, and educational information may be recovered and preserved in addition to the physical recovery of objects. Official notes, records, and artifacts are to be retained permanently for future study and stored with an appropriate institution. This permit does not authorize the collection of any items or objects of antiquity for personal use.

A report describing the project and results is to be submitted to the Office of State Archaeology no later than 30 days after the expiration of the permit, and should be completed in accordance with the SHPO’s guidelines as outlined in the *Specifications for Conducting Fieldwork and Preparing Cultural Resource Assessment Reports.*

I certify that I have read and understand Kentucky Revised Statute (KRS) 433.871-433.885 Kentucky Cave Protection Act. I further certify that all information contained in this application is correct to the best of my knowledge.

Signature Date