# Kentucky Office of State Archaeology

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***Fill out one form for each project that you are registering.***

***There are three parts to this form. Incomplete forms will not be processed.***

## Part 1: Project Registration

**[ ]** This is a preliminary request for archaeological site and survey information. I do not need a project registration number.

**Date (mm/dd/yyyy):**

**County(ies):**

**Project Description:**

**Firm or Institution:**

**Principal Investigator:**

**Lead Agency:**

**Client:**

## Part 2: Request for Site and Survey Information

**Indicate whether site check will be fulfilled by** (check only one)**:**

**[ ]** Request for GIS site and survey coverages (GIS shape files and databases)

**[ ]**  Request for GIS site and survey data in map form (paper or digital maps and information)

**[ ]**  Self check in OSA Library.

**If requesting GIS coverages as shape files**, fill out the information below and attach appropriate files. Shape files of the project boundary must be projected in UTM coordinates, NAD27, meters. The four files (\*.shp, \*.shx, \*.prj, and \*.db) depicting the project boundary should be compressed and attached to your request in one \*.zip file.

**UTM Zone:**       **File Name:**      **.zip**

**If requesting GIS data in map form**, attach a copy of the topographic map showing location of the project area, and list the appropriate USGS Quad name(s). Indicate below (under Additional Information) whether you prefer paper maps and information sent to you by surface mail, or prefer digital maps and information (as an Adobe PDF file) sent to you by e-mail. Provide an appropriate surface mail or electronic mail address where the results may be sent.

**USGS Quad(s):**

**Additional Information:**

**FORM CONTINUED ON NEXT PAGE**

**Part 3: Confidentiality Agreement**

The undersigned acknowledges receipt of Office of State Archaeology (OSA) confidential site information for the Project identified in Part 1, and is aware of the confidential nature of the information being provided, and takes complete responsibility for this information to avoid unauthorized use or duplication. Confidential Information obtained from the OSA is to be used only for the project identified above, and any other use of the information is a violation of the Non-Disclosure of Confidential Information.

Confidential Information. The term “Confidential Information” shall mean any and all information, data, and maps, technical or non-technical, written or printed or photocopied or stored electronically or on magnetic media provided by or obtained from the Office of State Archaeology.

Non-Disclosure of Confidential Information. The individual designated below, with her/his principal place of business designated in Part 1, together with its affiliates (a) shall use reasonable care and discretion to prevent disclosure, publication, or dissemination of the OSA Confidential Information that has been provided to such party; and (b) shall not use, reproduce, distribute, disclose, or otherwise disseminate the Confidential Information that has been provided to such, except (i) to evaluate and perform the Project and (ii) as required to be disclosed by a government agency or by operation of law.

**[ ]  As Principal Investigator of this project, I have read and agree to the Non-Disclosure of Confidential Information.**

**PI’s Name:**

**Title:**

OSA Use Only

Report prepared by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointment Made

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_