



Sam Noble Museum

REQUEST FOR CURATION

REQUEST FOR STORING ARCHAEOLOGICAL MATERIALS

Archaeology Department, Sam Noble Oklahoma Museum of Natural History

Today's Date _____

Project Information

Contract/Project Name: _____

Project Area/County(ies)/Site Number(s) [if assigned or give descriptive information]

Date(s) of Investigation: _____ Is the material from: ___ private land ___ federal land

List (and attach) all Permit Name(s), Number(s), and Expiration Dates or Other Approvals

If from private land, do you have proper documentation transferring ownership of the collection(s)?

Yes ___(attach if available) No (please explain) _____

Collection Information

Has the project been Completed? ___Yes (Complete and attach Collection Submission Form) ___No

Expected Delivery Date for Curation at SNOMNH: _____

Does the curation material contain or is it expected to contain historic artifacts? ___Yes ___No

Material Types Anticipated (Ex: Lithics, metal, bone, etc.)

Estimated Space Needs*: Records (linear in.): _____ Artifacts (cubic ft): _____

Oversized Documents of Artifacts: _____

**Records File must be legal size. Collections Box must be 23 1/2"(D) x 13 1/2"(W) x 9(H)"and is calculated @2 cubic ft*

Contact Information

Person Authorized to Sign Final Contract (Agency name, Contact Name and Title, Mailing Address, and Telephone Number/Email)

Agency(ies) project number (if applicable): _____

Person Responsible for Curation Fees (Agency name, Contact Name and Title, Mailing Address, and Telephone Number/Email)

- **Fees are outlined in the 'Curation Fees' section of the Curation Request Packet. Curation Fees may be subject to change at the discretion of SNOMNH.**
- **Final acceptance of materials for curation is contingent upon compliance with SNOMNH curation standards and 36CFR79.**

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I, the Principal Investigator of this project, do acknowledge the requirement that all project materials (artifact and archival) either do/or will abide by the SNOMNH Curation Policy standards for curation.

Signature of PI	Company Name
Print/Type name	Address
Title	City/State/Zip

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To be completed by SNOMNH

Provisional Housing Status: Approved _____ Denied (explanation to follow) _____

_____ Assigned Inventory Number

Comments: _____

_____ Museum Director, SNOMNH	_____ Date
_____ Curator of Archaeology, SNOMNH	_____ Date