



Sam Noble Museum

REQUEST FOR CURATION

REQUEST FOR STORING ARCHAEOLOGICAL MATERIALS

Archaeology Department, Sam Noble Oklahoma Museum of Natural History

Today's Date _____

Date(s) of Investigation: _____

All fields within this form are required. Incomplete forms will be returned.

Project Information

Contract/Project Name: _____

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

Is the material from: private _____, state/federal land _____, or a mix of both _____?

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

If from private land, proper documentation transferring ownership of the collection must be obtained. Is it attached to this request? Yes _____ No *(please explain)* _____

Collection Information

Has the project been completed? Yes _____ No _____ *(if yes, complete & attach the [Collection Submission Form](#))*

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 or 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

Principal Investigator (Name, Title, Agency name, Mailing Address, Telephone No., and Email)

Person Completing this Form (Name, Title, Agency name, Mailing Address, Telephone No., and Email)

Person Authorized to Sign Final Contract (Name, Title, Agency name, Mailing Address, Telephone No., and Email) **The contact **must** be the legal owner. If from State/Federal properties, the contact **must have legal authority** to sign and enter into a **Held-In-Trust Agreement** with the Sam Noble Museum on behalf of the Oklahoma Board of Regents.*

Person Responsible for Curation Fees (Name, Title, Agency name, Mailing Address, Telephone No., and Email)

- **Fees are outlined in the [Curation Fees & Fee Structure](#). Curation Fees may be subject to change at the discretion of SNOMNH.**
- **Final acceptance of materials for curation is contingent upon compliance with SNOMNH's standards for [Processing and Cataloging for Incoming Collections](#) and 36CFR79.**

Signature

I, 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 Person Completing this Form	_____ Company Name
_____ Print/Type name	_____ Title



To be completed by SNOMNH

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

Comments: _____

Museum Director, SNOMNH _____ Date

Curator of Archaeology, SNOMNH _____ Date