



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 ½"(D) x 13 ½"(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, an **official letter** from the owner **must** be attached to this request acknowledging approval for the proposed curation. The contact **must have legal authority** with the owner 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). *\*If the payee agency is different from the requester's agency, an **official letter** from the payee **must** be attached to this request acknowledging responsibility for all curation fees.*

- 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