

**United States Department of the Interior  
Bureau of Land Management  
New Mexico State Office**

**Request for Modification of  
Cultural Resource Use Permit**

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**1. Name of Permittee:**

**2. Mailing Address:**

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**3. Telephone Number:**

**FAX Number:**

**E-mail address:**

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**4. Previous Permit/Modification Number:**

**5. Issue Date:**

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**6. Nature of Modification Requested:**

a. Addition of Personnel

b. Removal of Personnel

c. Change of Curation Facility

d. Change of Name or Address

e. Change/Add Location/Area of Work

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**7. Provide pertinent information about modification requested; ie., extension date, names of individuals by position and permit area requested (with vitae and charts of experience attached):**

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**8. Existing permit status (list personnel currently on your permit by role and permit area):**

a. Authorized for Project Director

b. Authorized for Field Supervisor

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**9. Signature - Permit Administrator:**

**Date:**

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**Record of Decision**

**New Permit No:**

**Expiration Date:**

Modification Approved

Modification Denied

Special Stipulations Attached

Letter of Explanation Attached

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**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Deputy State Director,  
Division of Resources**

(Attach Sheets for additional information)