

Permit Number

**REQUEST FOR MODIFICATION OF PERMIT FOR ARCHAEOLOGICAL INVESTIGATIONS**

---

1. Name of Permittee:

---

2. Contact Information

a. Mailing Address: \_\_\_\_\_ b. Telephone Number: \_\_\_\_\_

c. Email Address: \_\_\_\_\_

---

3. Date of Permit Issuance:

---

4. Nature of Requested Modification

Addition of the Following Personnel (with vitae and experience charts attached):

Removal of the Following Personnel:

Change of Name or Address of Permittee to:

Change of Curation Facility to:

Extension of Time/ New Requested Expiration Date:

Change of Location of Work to:

Change in Type of Work to:

---

5. Existing Permit Status (list personnel currently on your permit by role and permit area):

a. Authorized for Principal Investigator:

b. Authorized for Field Director/Crew Chief:

c. Curation Institution(s), with Certification Date:

---

6. Signature – Permit Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

---

*For BLM Internal Use Only*

Modifications Approved

Special Stipulations Attached

Modifications Denied

Letter of Explanation Attached

Approved by: \_\_\_\_\_

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

**(Attach additional information as necessary.)**