United States
Department of the Interior
Bureau of Land Management
Colorado State Office
(Form CO-8151-6)

Permit Number

REQUEST FOR MODIFICATION OF CULTURAL RESOURCE USE PERMIT

1. Name of Permittee:	
2. Mailing Address, Email, Telephone Number, and Fax Number:	
3. Date of Permit Issuance:	
4. Nature of Requested Modification: a. Addition of the Following Personnel:	
b. Removal of the Following Personnel:	
c. Change of Name or Address of Permittee To:	
d. Change of Curation Facility To:	
e. Extension of Time/New Requested Expiration Date:	
f. Change of Location of Work To:	
g. Change in Type of Work To:	
5. Summary of Existing Permit Conditions: a. Organizational Summary Dated:	
b. Authorized for General Charge with Vitae Date:	
c. Authorized for Direct Charge with Vitae Date:	
d. Area:	
e. Curation Institution, with Certification Date:	
6. Signature and Date:	

RECORD OF DECISION:

_____ Modification Approved _____ with special stipulations attached

_____ Modification Denied _____ with letter of explanation attached

Signature: Date: