ARMS Data Acknowledgement and Release Form

Institution: _____

Contact: _____

Address: _____

Phone/fax/e-mail: _____

Under State Regulation 4 NMAC 51.5.9.A., the Archeological Records Management Section (ARMS) may grant qualified users limited and assisted access to ARMS paper records and the New Mexico Cultural Resource System (NMCRIS). This agreement is an effort to responsibly manage sensitive data and to educate an expanding user community.

As a representative of the above named institution, I do hereby request access to data from. In consideration of access to this information, I understand that:

1. access to ARMS data and the release of this information **does not** constitute formal consultation. Information on the formal consultation process can be obtained from the NM State Historic Preservation Office (SHPO) at 505-827-6320
2. access to and the release of ARMS data are for planning purposes only and do not constitute a substitute for a cultural resources study, which may be required. Qualified individuals, firms and institutions that provide cultural resources studies are listed on the SHPO website at www.nmhistoricpreservation.org.
3. the following federal and state laws may be applicable and include but are not limited to :
    a) **Section 106 of the National Historic Preservation Act (NHPA)** 16 USC 470, protects National Register-eligible archaeological sites and other historic properties by requiring that all federal agencies take into account the effect of projects that they fund, license, or authorize on such properties.
    b) **The State of New Mexico Cultural Properties Act (Section 18-6-8.1 NMSA 1978)** requires that state agencies provide the SHPO with an opportunity to participate in planning for activities that will affect properties that are on the State Register of Cultural Properties or the National Register of Historic Places.
    c) **The Prehistoric and Historic Sites Preservation Act (Section 18-8-7 NMSA 1978)** prohibits the use of state funds for projects or programs that would adversely affect sites on the State or National Registers.
    d) **The Cultural Properties Protection Act (Section-18-6A-5, NMSA 1978)** encourages state agencies (state departments, agencies, institutions or political subdivisions of the state) to work with SHPO to develop programs for identifying cultural properties under their jurisdiction to ensure that such properties are not inadvertently damaged or destroyed.
4. pursuant to Section 18-6-11.1 NMSA 1978 and 4 NMAC 51.5.10A, the information contained in records maintained by ARMS is **confidential** and may be protected from public records or FOIA requests. The misuse of such information may be subject to prosecution under the above stated laws and regulations, among others.
5. ARMS will be credited in the body of any publication resulting from the use of these records.
6. this Acknowledgment and release must be signed for each time information is requested from ARMS. I also understand that the charge for these services is $100/hour in no less than one-hour increments according to State Regulation 4 NMAC 51.5.11.B (5) and that bills are processed at the beginning of each month..

This agreement is understood by both parties to be a binding and enforceable agreement.

Signature: _____ **Date:** _____
user (if applicable)

Signature: _____ **Date:** _____
institutional approval (if applicable)

Signature: _____ **Date:** _____
ARMS approval

Mail or fax this form promptly to **MNM/ARMS, PO Box 2087, Santa Fe NM 87504-2087, fax: 505-476-1320**. Bills are processed at the beginning of each month. Upon receipt, please make checks payable to ***MNM/ARMS.***

ARMS ASSISTED ACCESS USER REQUEST FORM

REQUEST DATE: _____

FILLED AT ARMS [ ]

FORWARDED TO HPD FOR REVIEW *PRIOR TO FILLING* [ ]
(red flag criteria)

HPD CONTACT: _____

HPD RESPONSE DATE: _____

REQUESTING ORGANIZATION/AGENCY: _____

ADDRESS: _____

CONTACT NAME: _____

PHONE: _____

E-MAIL: _____

PROJECT DESCRIPTION: _____

_____

_____

LAND STATUS: _____.

PROJECT LOCATION: _____

SUMMARY OF DISCUSSION: _____

_____

_____

PRODUCT REQUESTED:
_____

_____

FORMAT: [ ] j-peg, [ ] shape files, [ ] .pdf, [ ] .doc, paper materials, [ ] .bmp, [ ] other (describe):
_____

BILLING INFORMATION:

Processed by: _____

Time involved: _____

Date product sent: _____

Billing notes: _____

ARMS User Agreement **Year: _____2005____**

Institution: _____

Contact: _____

Address: _____

Phone/Fax/email: _____

Is this a new agreement? _____

Application Status (complete part A *or* part B**):**

A. Institutional application (check all that apply):

- ❑ This institution holds a federal or State permit for performing archeological work within New Mexico.
- ❑ This institution is involved with the protection and preservation of cultural resources.
- ❑ This institution is involved in academic research.

B. Individual application (check all that apply):

- ❑ I have a degree in archeology, anthropology, history, or a closely related field, or city planning or equivalent training, from an accredited educational institution.
- ❑ I am a bona fide representative of an agency or institution or private entity which holds a federal or State permit for performing archeological work within New Mexico.
- ❑ I am a bona fide representative of an agency or institution or private entity involved with the protection and preservation of cultural resources.
- ❑ I am an academic researcher affiliated with an accredited educational or research institution.

As a representative of the undersigned institution, I do hereby request access to the State of New Mexico archeological records repository (ARMS), as required by State Regulation 4 NMAC 51.3.2.10.1. I understand that information contained in these records is confidential. In consideration of access to this information, I agree to:

1. supply one (1) copy of any research publication resulting from the use of these records to ARMS;
2. credit ARMS in the body of any publication resulting from the use of these records;
3. supply a list of employees authorized to use ARMS each year (over), and report any changes in this list within 30 days;
4. report any change in address or status to ARMS within 30 days.
5. use the information only in compliance with applicable state and federal laws and regulations, including the New Mexico Cultural Properties Act of 1978 [NMSA 1978, §§18-6-1 to 18-6-17 (Repl. Pamp. 1987 & Cum. Supp. 1990)], Federal Regulation 36-CFR-800, and the Archeological Resources Protection Act of 1979 [16 U.S.C. §470aa et. seq.].

I understand that the misuse of such information will be subject to prosecution under these laws and regulations. This agreement is considered by both parties to be a binding contract.

Signature: _____ **Date:** _____
user (if applicable)

Signature: _____ **Date:** _____
institutional approval (if applicable)

Signature: _____ **Date:** _____
ARMS approval

Mail this form and payment to **MNM/ARMS, PO Box 2087, Santa Fe NM 87504-2087** (over for fee schedule). Please make checks payable to ***MNM/ARMS (40.390)***

ARMS Access Fees (date):

Fees are based on number of supervisory staff; check one that applies.

❑ Educational or research use *	-0-
❑ Individuals and companies with 3 or fewer supervisory** staff	$100
❑ Companies with 4 - 10 supervisory** staff	$150
❑ Companies with 11 - 20 supervisory** staff	$250
❑ Companies with 21 or more supervisory** staff	$400

** I certify this user account will be used exclusively for educational and/or research purposes.*

_____ _____

name date

*** The number of supervisory staff must agree with current state archeological permit information on file at the Historic Preservation Division (if any).*

List all employees authorized to use ARMS resources:

name	**position**

(Note: You must report any changes in this list within 30 days)