



**State of Utah**  
**School and Institutional**  
**Trust Lands Administration**

675 East 500 South #500  
 Salt Lake City, UT 84102-2818  
 Telephone No. (801)538-5100  
 Web site: trustlands.utah.gov

**ARCHAEOLOGICAL FIELD WORK AUTHORIZATION REQUEST**

1a. Name of Applicant Organization or Firm _____ 1b. Antiquities Section Project Number _____ 1c. Project Name _____
2. Applicant's Mailing Address _____ City _____ State _____ Zip _____ Telephone Number _____ Fax Number _____ E-Mail Address _____
3. Nature of Cultural Resource Work Being Proposed*          <small>*If work is U.C.A. § 9-8-404 or Section 106 compliance-related, identify client and project in as much detail as possible</small>
4. Location of Proposed Work**          <small>**A map or GIS file indicating Trust Lands to be surveyed is required</small>
5. Proposed Work Will Be Conducted From: _____ To: _____
6. Responsible Principal Investigator: _____ PLPCO Permit #: _____
7a. Signature of Applicant*** _____ 7b. Date _____ <small>***Signature or Typed Name of Applicant (if form will be saved and submitted by email)</small>
Special Conditions:          - Applicant shall immediately notify SITLA of any change in items 2 through 6.
Field Work Authorization Request Approved by: _____ Date: _____