Individual qualified users must use this form to apply for access to the archaeological records repository at ARMS AND a user account on the New Mexico Cultural Resource Information System (NMCRIS). In addition to being a qualified user as determined by the registrar, applicants must be affiliated with a qualified institution that has a valid ARMS institutional agreement. Institutional affiliation requires the co-signature of the institution’s authorized representative on page two of this form.

**APPLICANT INFORMATION**

Name: ________________________________________________  
*Please provide your first name, middle initial and last name.*

**Individual qualifications (check all that apply):**

- I am currently listed in the SHPO Directory of Qualified Personnel as an archaeologist, cultural anthropologist, historian, architectural historian, or historic architect.
- I have a bachelor’s degree or higher in archaeology, anthropology, architectural history, historic architecture, history, historic preservation or a closely related field from an accredited educational institution or the equivalent education and training (to be determined by the registrar).
- I am a geographic information systems professional or cartographer employed by or a member of a qualified institution with a current, valid ARMS institutional agreement.

**Institutional Affiliation:** ________________________________________________

*If not affiliated with any institution enter “Independent Researcher”*

**Contact information:**

Phone ________________________________________________

Email ________________________________________________

_A phone number and email address are REQUIRED in order to obtain a NMCRIS account. You will be notified via email once your account is activated._

**Account name & password information:**

Account Name Requested ____________________________

_(first initial & last name, e.g., Bill Gates = bgates; see instructions)_

Password Requested ____________________________

_Password must be at least 8 characters and include at least one upper-case letter, one number and one special character (such as $, !, %)._
I, the undersigned user, do hereby request access to the archaeological records repository and a user account on the New Mexico Cultural Resources Information System (NMCRIS) database. I understand that portions of the information contained in the database and the repository are confidential. In consideration of access to this information, I agree to:

- Keep confidential all information obtained from NMCRIS or the records repository;
- Use the information only in compliance with applicable state and federal laws and regulations, including but not limited to the New Mexico Cultural Properties Act, NMSA 1978 [§§18-6-1 to 18-6-17] and the Archaeological Resources Protection Act of 1979 [16 U.S.C. §470aa et. seq.]. Anyone misusing such information may be subject to prosecution under federal or state law;
- Not divulge or discuss any system access codes (including user name and all passwords) to any third party (this includes sharing of user names or passwords with colleagues or coworkers);
- Report any and all system security violations, whether actual or potential, to the ARMS Registrar.

The user's access to NMCRIS and the records repository may be terminated upon contravention of these terms of use.

_________________________ ______________________________               ______________  
Print Name                                                              Signature                                                                                      Date

INSTITUTIONAL APPROVAL (*required)

I, the undersigned, as the authorized representative of the qualified institution listed above, do hereby authorize the addition of the applicant to this institution’s account. The applicant may represent the institution for the purposes of accessioning NMCRIS and the records repository. In consideration of access to this information, I agree to:

- Pay all applicable fees incurred by the applicant for the use of NMCRIS and the records repository on the institution’s behalf;
- Notify the Archeological Records Management Section within 30 days if the applicant’s affiliation with the institution changes;

_________________________ ______________________________               ______________  
Print Name                                                              Signature                                                                                      Date

Mail this form to: MNM/ARMS c/o Historic Preservation Division, Bataan Memorial Building, 407 Galisteo Street, Suite 236, Santa Fe, NM 87501.

ARMS REGISTRAR APPROVAL

_____________________________________________________________ ____________
ARMS Approval                                                                                                 Date