



NMCRIS Institutional Agreement

Calendar Years: _____ to _____
(3 calendar-year term)

Qualified Institution:

Is this a new agreement?

Has your contact information changed?

Institutional qualifications (choose one)

This institution holds a federal or state permit for performing archaeological work within New Mexico.

This institution is involved with the scientific research, protection, and preservation of cultural resources.

I am applying for NMCRIS access as an Independent Researcher

Authorized Representative:

Authorized Representative:

Street Address:

City:

State:

Zip Code:

Phone:

Email :

As the Authorized Representative of the above-named institution, I do hereby request institutional access to the State of New Mexico archaeological records repository (ARMS) and the New Mexico Cultural Resource Information System (NMCRIS). I understand that information contained in these records is confidential. In consideration of access to this information, I agree to:

1. Submit an ARMS individual account application for each qualified user requesting access to NMCRIS and the records repository under this institutional agreement.
2. Pay all applicable fees for the authorized qualified users' uses of NMCRIS and the records repository on the institution's behalf.
3. Report any change in address or status to ARMS within 30 days.
4. Supply one (1) copy of any research publication resulting from the use of these records to ARMS;
5. Credit ARMS in the body of any publication resulting from the use of these records;
6. 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 of 1978 [NMSA 1978, §§18-6-1 to 18-6-17] and the Archaeological Resources Protection Act of 1979 [16 U.S.C. §470aa et. seq.].

I understand that the misuse of information accessed through the archaeological repository or NMCRIS may be subject to prosecution under federal and state laws and regulations. This agreement is considered by both parties to be a binding contract.

Signature:

Date:

Authorized Institutional Representative

Billing Information (Required)**Professional Use**

Billing Contact:

Street Address:

City:

State:

Zip Code:

Phone:

Email:

Per 14.10.19 NMAC, with the exception of public agencies or tribal governments with a cooperative agreement, qualified institutions shall pay registration fees for cultural resource investigations added to the NMCRIS. Additional fees may be incurred for HPD staff assistance with cultural resources records.

*I understand that use of the New Mexico Cultural Resource Information System (NMCRIS) is subject to fees. The above-named **Qualified Institution** agrees to accept financial responsibility for all applicable fees incurred by any and all Authorized Users listed under this Institution's NMCRIS account.*

Signature:**Date:**

Authorized Institutional Representative Signature

OR

Academic/Research Use

This Institution or Independent Researcher is seeking access to NMCRIS and the records repository solely for the purposes of uncompensated academic research.

I certify the institutional account created and administered under this agreement will be used exclusively for uncompensated educational and/or research purposes. I understand that misuse of the academic waiver policy may result in the accrual of applicable fees and the termination of this agreement.

Signature:**Date:**

Authorized Institutional Representative Signature

NMHPD internal use only

The applicant institution meets the qualifications for a *Qualified Institution* as defined in 4.10.19 NMAC, Cultural Resource Information System and Records. The applicant's application for a NMCRIS Institutional Agreement is approved.

Signature:**Date:**

NMCRIS Registrar Signature

Email a signed digital copy to: e.nmcris@dca.nm.gov or mail to: MNM/ARMS c/o Historic Preservation Division, Bataan Memorial Building, 407 Galisteo Street, Suite 236, Santa Fe, NM 87501.