

NMCRIS Individual Account Application

11/29/2022

*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). Applicants must be affiliated with a Qualified Institution that has a valid NMCRIS Institutional Agreement. **This application must be co-signed by the institution's authorized representative on page two of this form.** Please contact ARMS at e.nmcris@dca.nm.gov if you do not know who is designated as your institution's authorized representative.*

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 NMCRIS Institutional Agreement.

Institutional Affiliation: _____
If not affiliated with any institution enter "Independent Researcher." Independent researchers must also complete a NMCRIS Institutional Agreement

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:

User Name Requested _____

Password Requested _____
Must be at least 12 characters and include at least one upper-case and one lower-case letter, one number, and one special character

APPLICANT SIGNATURE

I, the undersigned user, do hereby request access to the NM Historic Preservation Division’s cultural resource 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
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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
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Mail this form to: **MNM/ARMS c/o Historic Preservation Division, Bataan Memorial Building, 407 Galisteo Street, Suite 236, Santa Fe, NM 87501** or email a signed digital copy to: derek.pierce@dca.nm.gov.

ARMS REGISTRAR APPROVAL

ARMS Approval	Date
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