|  |  |
| --- | --- |
| Document with solid fill | **Florida Department of Transportation**  **Collection Access Request Form** |

To request access to Florida DOT Collections, this form must be filled out in full and submitted to the Office of Environmental Management (OEM) for review and approval no less than two (2) weeks prior to the date for which the researcher is requesting access. Additional information that does not fit within the form layout or space should be attached with the request form. Note that each researcher must complete their own access request form and that submitting a form does not guarantee approval. If approved, the requestor will be contacted and access to the requested collection material(s) will be arranged. Completing this form also requires that all researchers read *and adhere to the* [*Florida Department of Transportation Collections and Curation Guidelines*](https://www.fdot.gov/environment/cultmgmt/cultural-resources---archaeological-collection) *as well as employ industry standards and practices for professionals working with archaeological collections.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Requestor’s Information | | | | | | | | | | | | | | | |
| *Primary R*esearcher *Information* | | | | | | | | | | | | | | | |
| Full Name: | | | Type Here | | | | | | | | | | | | |
| Phone: | | | Type Here | | | | | | Email: | | | Type Here | | | |
| Professional Affiliation (if any): | | | | | | | Type Here | | | | | | | | |
| Requestor’s Resume or C.V. are attached (encouraged).  Yes  No | | | | | | | | | | | | | | | |
| Access Details | | | | | | | | | | | | | | | |
| Access Start Date: | | | | Click or tap to enter a date. | | | | | | | | | | | |
| Access End Date: | | | | Click or tap to enter a date. | | | | | | | | | | | |
| Anticipated time of day/hours for visit for each day requested: | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | |
| Materials Requested | | | | | | | | | | | | | | | |
| Site Number: | | Type Here | | | | | Partial Collection  Whole Collection | | | | FS #s (if known): | | Type Here | | |
| Describe the specific materials being requested from each site if the whole collection is not being requested: | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | |
| Site Number: | | Type Here | | | | | Partial Collection  Whole Collection | | | | FS #s (if known): | | Type Here | | |
| Describe the specific materials being requested from each site if the whole collection is not being requested: | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | |
| Use of Collection | | | | | | | | | | | | | | | |
| Describe the intended use of the requested collection below: | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | |
| Additional information is provided in the attached documentation (optional).  Yes  No | | | | | | | | | | | | | | | |
| Specific details or requests regarding access to the collection materials that has not been covered (optional): | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | |
| Affirmation of Responsibility | | | | | | | | | | | | | | | |
| *In submitting this request to access the FDOT Archaeological Collection I am confirming that, should this request be granted, I am responsible for the proper handling, use, and general care of the cultural material according to the above stated research parameters and methodologies when using the FDOT Archaeological Collection. I confirm that I have read, understand, and will adhere to the Florida Department of Transportation’s Collection and Curations Guidelines and other applicable industry standards and practices for working with archaeological collections.* | | | | | | | | | | | | | | | |
| Requestor’s Signature: | | | | | |  | | | | | | | Date: | | Click or tap to enter a date. |
| FDOT Office of Environmental Management Use | | | | | | | | | | | | | | | |
| This request has been: | | | | | | | | Accepted | | Not Accepted | | | on | Click or tap to enter a date. | |
| Additional parameters of access (optional): | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | |
| Reviewer(s): | Type Here | | | | | | | | | | | | | | |
|  | Type Here | | | | | | | | | | | | | | |
| Reviewer Signature: | | | | |  | | | | | | | | Date: | | Click or tap to enter a date. |
| Printed Name  Title | | | | | Type Here  Type Here | | | | | | | |  | |  |
| Supervisor Signature: | | | | |  | | | | | | | | Date: | | Click or tap to enter a date. |
| Printed Name  Title | | | | | Type Here  Type Here | | | | | | | |  | |  |