## ANTIQUITIES PERMIT:

## TRANSFER APPLICATION FORM

### GENERAL INFORMATION (attach additional sheets as needed)

Permit Number Expiration Date

First/Second *(circle one, if applicable)* Permit Extension Expiration Date

Project Name

Justification for Permit Transfer

### INVESTIGATIVE FIRM CHANGE ❑ YES ❑ NO

Original Investigative Firm Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_

Email Address

Office Phone Number

Proposed Investigative Firm Name

Mailing Address

City, State, Zip

Email Address

Office Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### PRINCIPAL INVESTIGATOR CHANGE ❑ YES ❑ NO

Original Principal Investigator Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_

Email Address

Office Phone Number Cell Phone Number

Proposed Principal Investigator Name

Mailing Address

City, State, Zip

Email Address

Office Phone Number Cell Phone Number

**CERTIFICATIONS—ORIGINAL PRINCIPAL INVESTIGATOR**

I, , as the original Principal Investigator, or representative of (Investigative Firm), do certify that intent of this proposed transfer is to ensure the completion of the above-referenced permit. I also understand that the Archeology Division staff will review this request in order to determine if the proposed permit transfer will meet the requirements of the permitted project, including whether the proposed Principal Investigator is eligible to receive an Antiquities permit in accordance with *Rules of Practice and Procedure for the Antiquities Code of Texas, Chapter 26*. I further understand that the Commission may approve or disapprove the proposed transfer. If the transfer is approved, I will relinquish all records and collections relating to the permitted project to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_, the new Principal Investigator or Investigative Firm.

Original Principal Investigator or Representative of the Investigative Firm

Date ­­­­\_\_\_\_\_\_\_\_­­­­­­­­­ (*Signature)*

**CERTIFICATIONS —PROPOSED PRINCIPAL INVESTIGATOR**

I, , as the proposed Principal Investigator, employed by (Investigative Firm), do certify that there are no existing circumstances that would prevent my completion of the above-referenced permit project. I further understand that the Archeology Division staff will review this request for permit transfer in order to determine whether I am eligible to receive an Antiquities permit in accordance with *Rules of Practice and Procedure for the Antiquities Code of Texas, Chapter 26*. I acknowledge that the Commission may approve or disapprove the proposed transfer. If the transfer is approved, I will accept all records and collections relating to the permitted project and assume responsibility to fulfill the requirements as stated in the permit.

Proposed Principal Investigator or Representative of the Investigative Firm

Date \_\_\_\_\_\_\_\_\_\_

(*Signature)*

#### FOR OFFICIAL USE ONLY

Date reviewed Reviewer Name

❑ Transfer approved

Date for Mark Wolfe, Executive Director

❑ Revised permit issued and attached

----------------------------------------------------------------------------------------------------------------------------

❑ Transfer denied

Date Reason for denial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Texas Historical Commission

Archeology Division

P.O. Box 12276, Austin, TX 78711-2276

Phone 512/463-6096

www.thc.state.tx.us