

**ARMS Institutional Agreement**

**Calendar Year:** \_\_\_\_\_

**Institution:** \_\_\_\_\_  
*\*If not affiliated with any institution enter "Independent Researcher"*

**Authorized Representative:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone/Fax/email:** \_\_\_\_\_

**Is this a new agreement?** \_\_\_\_\_

**Has any of your contact information changed since your last user agreement?** \_\_\_\_\_

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

- This institution holds a federal or state permit for performing archaeological work within New Mexico.
- This institution is involved with the protection and preservation of cultural resources.
- This institution is involved in academic research.

**Independent researcher 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).

*\*Note: Only individuals doing uncompensated research for reasons of personal interest may submit an agreement as an independent researcher. Individuals working as paid consultants must submit an agreement as a qualified institution.*

**As the authorized representative of the undersigned 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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
ARMS approval

(continued)

**ARMS Access Fees (Check one):**

- |  |       |
|--|-------|
| <input type="checkbox"/> Educational, academic or independent research use * | -0-   |
| <input type="checkbox"/> companies with 3 or fewer supervisory** staff       | \$200 |
| <input type="checkbox"/> companies with 4 - 10 supervisory** staff           | \$300 |
| <input type="checkbox"/> companies with 11 - 20 supervisory** staff          | \$500 |
| <input type="checkbox"/> companies with 21 or more supervisory** staff       | \$800 |

*\* I certify this user account will be used exclusively for educational and/or research purposes.*

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

*\*\* The number of supervisory staff must agree with current state archaeological permit information on file at the Historic Preservation Division (if any).*

Mail this form and payment to: **MNM/ARMS c/o Historic Preservation Division, Bataan Memorial Building, 407 Galisteo Street, Suite 236, Santa Fe, NM 87501.** Please make checks payable to **MNM/ARMS (40.390).**

Contact us 505-476-1275 or nmcris.support@state.nm.us if you have any questions.