MINNESOTA ARCHAEOLOGICAL TREATMENT REQUEST FORM

A treatment request form must be submitted for any laboratory testing or analysis including, but not limited to samples to be submitted for dating, phytolith identification, chemical analysis, stabilization, or reconstruction.

The principal investigator is responsible for all work conducted by their employees, contractors, and subcontractors. The licensed individual (principal investigator) is responsible for reading, understanding, and complying with all Conditions attached to this project’s license. Future licenses may be denied or revoked for failure to comply with the license, its conditions, professional ethics, or professional work standards.

* If the site relates to an American Indian cemetery, burial, or burial ground, per Minnesota Statute 307.08, Subd. 3a, the Minnesota Indian Affairs Council (MIAC) must approve the professional(s) such as the archaeologists, anthropologists, or other experts including contractors and subcontractors, working on the project. *

Please submit this completed form to: archaeological.licenses.adm@state.mn.us.

Applicant Information

Name: ________________________________
Institution/Agency/Company Affiliation: _______________________________________________________
Title/Position: ___________________________ E-Mail: _______________________________________________
Address: __________________________________________________________________________________
Work Phone: ___________________________ Cell Phone: ___________________________

Project Information

Minnesota site name and number: ______________________________________________________________
Minnesota license number: _________________________________________________________________
Type of License (survey, evaluation, etc.): _____________________________________________________

Type of Land Ownership: (check all that apply)

☐ State Owned or Managed
☐ County Owned or Managed
☐ Township/City Owned or Managed
☐ Other non-federal public (describe): _______________________________________________________

Is this project located within reservation boundaries?

☐ No     ☐ Yes

* If yes, you must receive formal tribal approval to conduct laboratory analysis of materials collected from within reservation boundaries. Attach documentation of tribal approval to this treatment permission form.*
ASSOCIATED LICENSE NUMBER: ______________________________

Dates

Dates of proposed analysis: ________________________________________________

Archaeological Site Information

Archaeological Site Number: ________________________________________________

Project location (attach a detailed map, PLSS, and provide locational information such as an address or Property ID#) ________________________________________________

Artifacts and Curation

Treatment facility

Facility Name: __________________________________________________________
Contact Name: _________________________________________________________
Address: ______________________________________________________________
Phone: _________________________________________________________________
Email: _________________________________________________________________

* The facility conducting analysis must be made aware of Minnesota statutes relating to archaeological resources, including the Field Archaeology Act (MS 138.31-42) and the Private Cemeteries Act (MS 307.08), as well as relevant standards and procedures relating to the intended curation facility.*

Upon completion of the analysis, artifacts will be curated at an approved facility.

☐ Minnesota Historical Society #: __________________________
☐ Other Approved Curation Facility Name: __________________________ #: __________
☐ Other: Please describe: ________________________________________________

Treatment

Is this treatment destructive?

☐ Yes ☐ No

Purpose of treatment

☐ Object mend or reconstruction
☐ Thin section analysis
☐ Stabilization of waterlogged object(s)
☐ Object dating
  Type: ________________________________________________________________
☐ Corrosion product removal
☐ Removal of samples for testing such as phytolith analysis
☐ Use of samples for testing such as chemical analysis
☐ Other (describe): _____________________________________________________
Please attach a copy of the proposal or application made to testing facility.

☐ Proposal/application for treatment attached

List of Objects Affected

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Attach a list if necessary

Treatment Proposal

Description of the purpose of the treatment

Description of the proposed treatment

By signing this treatment form, I consent to the sharing of information submitted as part of this process among the Office of the State Archaeologist (OSA), the Minnesota Historical Society (MNHS), and the Minnesota Indian Affairs Council (MIAC). As the primary licensing agencies, OSA and MNHS may also share treatment request information with MIAC and Tribal Historic Preservation Offices (THPOs) as part of the tribal consultation process.

* If this treatment request pertains to “probable Indian burial grounds” or if “probable Indian remains [will be] analyzed” as part of the project, “the Indian Affairs Council must approve the professional archaeologist, qualified anthropologist, or other appropriate expert” (307.08, Subd. 3a).*
ASSOCIATED LICENSE NUMBER: ______________________

Signatures

Applicant: ___________________________________________ Date: __________

Minnesota Historical Society Approval: __________________________ Date: __________

Minnesota State Archaeologist Approval: _________________________ Date: __________

* If work being conducted is on a cemetery site which relates to known or probable American Indian human burials, human remains, or human burial grounds.

Indian Affairs Council Approval: _________________________________ Date: __________