

REQUEST FOR A REPOSITORY AGREEMENT

PRINCIPAL INVESTIGATOR/ AUTHORIZEDAGENT:					
TITLE:					
RESOURCES MANAGEMENT AGENCY/	FIRM:				
ADDRESS:					
CITY:	STATI	E:	ZIP CODE:		
TELEPHONE:	FAX:		EMAIL:		
PERMIT AGENCY:		PERMIT NUMBER:		EXP:	
INVESTIGATION TYPE: ARC	CHAEOLOGY	EAR	RTH SCIENCES	LIFE SCIENCES	
INVESTIGATION METHOD:					
DATES OF INVESTIGATION:					
PROJECT NAME:					
PROJECT LOCATION:					
PROJECT DESCRIPTION:					
The Idaho Museum of Natural History (IMNH) persons or cultural, paleontological, and natura agencies. The Principal Investigator/Authorized at IMNH as specified in the IMNH Collections further acknowledges that curation fees specific the IMNH at least two weeks prior to transf application must be completed in its entirety at posted to the attention of the IMNH Registrar at Principle Investigator/ Authorized Agent Signature:	al resources mana; d Agent for this p Management Pol ed in the fee sche ferring the record a curriculum v t the address liste	gement firms ap roject agrees to icy and specific dule will be pre s and collection ita must be incled d above.	plying for a permit to provide collections of Repository procedur sented to IMNH and ns to the IMNH Rep uded with this form.	odo work for federal or state las btained under permit for curatival manuals, as applicable. He/s that notification will be issued pository. All information on to The application packet should	
As the designated curatorial repository, IMNF PART 79) and state regulations, as well as the holding these materials in trust; however, actu Idaho.	e terms of any co	operative or co	ntractual agreements.	The IMNH is acknowledged	
REQUEST FOR REPOSITORY AGREEMEN	T A _l	oproved	Denied		
Curator/Director:				Date:	
Registrar:					