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| A picture containing text, clipart  Description automatically generated | **ARCHAEOLOGICAL INFORMATION FORM****Geophysical Programs**Physical Address: 6534 Airport Road,Fort St. John, B.C.Mailing Address: 6534 – 100th Ave., Fort St. John, B.C. V1J 8C5Phone: (250) 794-5200 |
| THIS IS AN AUDITABLE DOCUMENT |
| This form is to be submitted under the authority of the *Heritage Conservation Act* by energy resource applicants or their agents as part of their application to carry out exploration, development, construction or production activities. |
| **APPLICANT INFORMATION** | **A** |
| Application Type: [ ]  New Application [ ]  Amendment   | Regulator File AA No. :\*Regulator File AD No. :\*If this is an amendment, provide the original AD file number for the project. |
| Applicant Company Name: | Program Name: |
| Plan Map Job No.: | Revision No.: | Revision Date: |
| Application Shapefile Reviewed in AMS? [ ]  Yes [ ]  NoDate viewed: dd/mm/yyyy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Application meets administrative change requirement (Describe):  |
| **ARCHAEOLOGICAL POTENTIAL ESTABLISHMENT** | **B** |
| 1) List sources of information used to identify archaeological potential: *(plan maps with revision number and date, RAAD, orthophotos, field visit, potential modeling, etc.)* |
| 2) Are there areas/components in the application area that contain archaeological potential? [ ]  Yes [ ]  No |
|  |
| 3) Specify factors used to assess potential: (describe specific terrestrial, hydraulic , cultural attributes, historic features, etc.) |
| 4) Are there known archaeological sites in conflict with the geophysical program including line shift variance? [ ]  Yes [ ]  No |
| **ASSESSMENT INFORMATION** | **C** |
| 1. Is field work required? [ ]  Yes [ ]  No
 |
| If yes, select one of below as appropriate:1. [ ]  AIA [ ]  Selective Post Impact Assessment [ ]  Other (Description):
 |
| 1. Is site flagging required? [ ]  Yes [ ]  No

If yes, complete table:

|  |  |
| --- | --- |
| *Borden Number (AaBb-1234)* | *Flagging Completed Date (optional)* |
|  |  |
|  |  |

 |
| 1. Detailed management recommendations are necessary, additional information has been provided in an appendix to this document

[ ]  Yes [ ]  No

|  |  |
| --- | --- |
| Archaeological Consulting Company: | HCA Section 12.2 Permit No.:  |
| First Nations Heritage Permit No.: |

*I declare that I have read and agree with the information contained in this form and to the best of my knowledge the application area is consistent with this assessment.***This is a legal document. Signatory, please print *and* sign name**: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PERMITTED ARCHAEOLOGY OR CERTIFIED ARCHAEOLOGIST – PRINT NAME | PERMITTED ARCHAEOLOGIST OR CERTIFIED ARCHAEOLOGIST – SIGN NAME | DATE (dd/mm/yyyy) |