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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 8C5 Phone: (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  No  Date 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) | |