

**AHRS Individual User Agreement Form**

Alaska Department of Natural Resources, Office of History and Archaeology

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<http://www.dnr.state.ak.us/parks/oha/index.htm>

Corp Agree # \_\_\_\_\_

 New  Renewal  Changed Affiliation

This User Agreement is submitted for access to the Alaska Heritage Resource Survey (AHRS) database and/or other records and files housed in the Office of History and Archaeology (OHA) AHRS section by the signatory of this document.

**The signatory request access to the AHRS (select any that will apply to you)** In person at the OHA office located at 550 W. 7th Ave, Suite 1310, Anchorage, AK during posted business hours.**and/or** via the AHRS internet portal. Other (specify) \_\_\_\_\_**AGREEMENT: By signing this User Agreement I state that :** I am a Cultural Resource Professional that meets state qualifications, or  I am a student / researcher**and** I have provided proof of these qualifications (e.g. transcript or copy of diploma). For non agency only per item 6.2 of Data Access Policy and Guidelines**or** I am an employee of local, state, federal or tribal government who is authorized by my employer to access the AHRS. I am requesting a waiver (Please attach a justification statement)**And I agree to the following statements:**

- I have read and will adhere to OHA's "Data Access Policies and Guidelines";
- I will abide by any additional restrictions that OHA may place on access;
- I have signed and will adhere to the OHA litigation disclosure form;
- I will store sensitive site data (e.g. archaeological site locations) obtained from OHA in a secure place with restricted access;
- I will not share my AHRS user account password; and
- I understand that failure to comply with OHA policies governing the AHRS database use may result in the revocation of individual and/or corporate access.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ email \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Supervisor email: \_\_\_\_\_

If you are a new user to the AHRS you must also create an account user name and password for access to the database. Please visit the New User link on our web portal at <https://dnr.alaska.gov/ohasecurity/portal>

OHA Use Only-----  Approved  Disapproved

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_ Access Expiration Date: \_\_\_\_\_