

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO STATE OFFICE

**REQUEST FOR MODIFICATION OF
CULTURAL RESOURCE USE PERMIT**

BLM USE ONLY
Application number

1. Name of Permittee:

2. Mailing Address:

3. Telephone Number:
E-Mail Address:
FAX Number:

**4. Previous Permit/Modification
Number:**

5. Issue Date:

6. Nature of Requested Modification:

a. Addition of Personnel

b. Removal of Personnel

c. Change of Curation Facility

d. Change of Name or Address

e. Change/Add Location/Area of Work

7. Provide pertinent information about modification being requested; i.e., extension date, names of individuals by position and permit area requested (with vita/chart of experience attached) and/or other appropriate information:

8. Existing permit status (list personnel currently on your permit by permit area - do not include personnel listed in item 7.):

a. Authorized for Project Director:

b. Authorized for Field Supervisor:

**9. Signature (Permit
Administrator):**

Date:

Record of Decision:

New Permit No:

Expiration date:

Modification Approved

Modification Denied

Special Stipulations Attached

Letter of Explanation Attached

Approved By: _____

Date: _____

Deputy State Director,
Division of Resource Planning, Use, and Protection

(Attach sheets for additional information)