

**AHRS WAIVER REQUEST**

Alaska Department of Natural Resources  
Office of History and Archaeology  
550 W. 7th Ave., Suite 1310 Anchorage, AK 99501-3565  
Phone: (907) 269-8721; Fax (907) 269-8908  
<http://www.dnr.state.ak.us/parks/oha/index.htm>



Reset Form

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

New

Renewal

Applicant Last Name: \_\_\_\_\_

The Alaska Heritage Resources Survey (AHRS) is an inventory of reported prehistoric, historic, and paleontological sites within the State of Alaska and is maintained by the Office of History and Archaeology (OHA). This is a restricted data set only available to authorized users under a signed User Agreement with the Alaska Office of History and Archaeology. The data is restricted to protect sensitive cultural sites against unauthorized disturbance. Access to the AHRS and related information is closed to the general public. Restricted or confidential site information is withheld from public records disclosure under state law (AS 40.25.110) and under the federal Freedom of Information Act (PL 89-554). The restriction of site inventory information is allowed by AS 40.25.120(a)(4), Alaska State Parks Policy and Procedure No. 50200, the National Historic Preservation Act (PL 89-665, 16 U.S.C. 470), and the Archaeological Resources Protection Act (PL 96-95).

The Chief of OHA/SHPO may grant a WAIVER for AHRS access to individuals who do not meet the qualification standards outlined in "Data Access Policies and Guidelines (item 6.2) if: 1) access is believed to be in the best interest of protecting or managing cultural resources; and/or 2) the land or resource manager supports AHRS access and/or 3) the requesting individual has an established history of research and/or cultural resource management

Please state your justification for why you need a waiver. If you need additional space, please use a continuation sheet or present your justification on a separate page.

**Please Note:** Information associated with the AHRS data set is confidential and access to it restricted. This agreement, if approved by AHRS and OHA staff, allows the applicant to view this information and use it according to the justification statement written above.

**By signing this agreement:**

- I acknowledge that I understand the confidential nature of the information contained in cultural resource data associated with the AHRS;
- I will keep any AHRS data/files confidential and not copy or share this information with unauthorized persons.

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

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

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

E-mail: \_\_\_\_\_

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

OHA Use Only -----  Approved  Disapproved

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

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