STATEMENT OF QUALIFICATIONS FOR ACCESS TO CHRIS CONFIDENTIAL INFORMATION

The purpose of this form is to identify the professional qualifications standards under which an individual establishes eligibility for access to CHRIS Confidential Information as specified in Sections II and III and Appendix 2 of the CHRIS Information Center Rules of Operation Manual.

This Statement of Qualifications and a copy of the individual's professional curriculum vitae shall be filed at each CHRIS Information Center from which CHRIS Confidential Information is obtained. This Statement need only be submitted once to an Information Center.

| Name: | | |
|-------------------|--|--|
| Affiliation: | | |
| Address: | City/State/Zip: | |
| Telephone: | Email: | Fax: |
| Secretary of Inte | erior Standards (check applicable discipli | ies): |
| | Archaeology | |
| , | Architectural History | |
| Architecture | | |
| | Historical Architecture | |
| | History | |
| CHRIS Qualifica | ation Requirements: | |
| | andscape Architect | |
| California State | Personnel Board Specifications (check a | oplicable positions): |
| | Associate State Archaeologist | |
| : | State Historian II | |
| | | ons I attest to my professional qualifications for access misrepresentation of facts herein shall result in denial |

of my access to CHRIS confidential information.

Signature

Date