

AHRS Individual User Agreement FormAlaska Department of Natural Resources, Division of Parks,
Office of History and Archaeology

550 W. 7th Ave., Suite 1310 Anchorage, AK 99501-3565

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



Corp Agreement # _____

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 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.

Litigation Disclosure Statement

Alaska Statute 40.25.122: In any matter involving litigation against a public agency of the State of Alaska, records to be used for, included in, or relevant to the litigation may not be disclosed to a party involved in the litigation except in accordance with rules for procedure applicable in a court or an administrative adjudication.

I hereby certify that I am not a party to litigation, nor acting on behalf of any party to litigation against a public agency or official of the State of Alaska in any manner relevant to any AHRS-IBS records and data viewed, copied, downloaded, and/or used through this account. I understand that acquiring and using AHRS information in State of Alaska court cases requires following special procurement and disclosure rules. [see also AS 40.25.120 (a-4)].

Applicant Signature and Information

Applicant Signature: _____

Date: _____

Name: _____

Job Title: _____

Affiliation: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ email _____

Supervisor Name: _____

Supervisor Phone: _____

Supervisor email: _____

OHA Office Use Only:

Approved by: _____

Date: _____

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>