# Instructions for the Vermont Archaeological Inventory Online Research Center User Application

Complete this application for an annual (calendar year) Vermont Archaeological Inventory (VAI) Online Research Center (ORC) user agreement.
The VAI ORC is available to authorized users through the institution or company for which they work. An individual user may also qualify. Potential users are identified in the Vermont Division for Historic Preservation's "***Policy for Access to Vermont Archaeological Inventory Online Research Center***." To qualify for access to the VAI ORC, a staff member of the organization must meet the Department of the Interior's professional standards for archaeologists (36 CFR 61). Individual users must meet these standards or be employees or students in good standing of organizations meeting these standards. Qualifying organizations should follow the directions below for requesting access to the VAI ORC.

1. Complete and sign the attached ***VAI ORC USER APPLICATION***. Under the section labeled "Reason for using VAI ORC" please include a statement about the nature of your business, e.g., archaeological consulting firm, engineering firm, utility, etc., as well as a statement of reason for using the ORC. Under the section labeled "Authorized Users from this Organization," list all staff of your company, institution, or agency whom you authorize to access the ORC. Each of these staff members must accept the terms and sign the user agreement.

2. Return the form by email to: ACCD.DHPORC@vermont.gov

3. After the VDHP approves your application, you will be notified by email that the users specified on the application have been approved for access to the ORC. Each user will be supplied with a user name and password at that time.

# Vermont Archaeological Inventory Online Research Center User Application

The Vermont Division for Historic Preservation (VDHP) is pleased to offer you an access agreement for the Vermont Archaeological Inventory Online Research Center (VAI ORC). By signing this agreement, you signify that you understand and accept the terms of this agreement.

I, the undersigned applicant, request an annual agreement for the VAI ORC. I understand the confidential nature of the information contained in these records and agree to the following conditions to protect the confidentiality of the VAI ORC records. I agree to insure that all representatives of my company or agency who have access to the VAI ORC records abide by the rules.

1. I understand that, while the VDHP attempts to confirm data accuracy at the time of submission, the information contained within the VAI ORC is not guaranteed to be accurate or complete. I further understand that it is my responsibility, if I find inaccuracies, to report them to the VAI ORC Administrator at ACCD.DHPORC@vermont.gov
2. I agree not to distribute or disclose specific site location information in public documents or make this information available to unauthorized individuals within or outside of my institution or agency. I understand that if my agency/institution is required to maintain public records they will be maintained in a way that does not disclose confidential information pursuant to 22 V.S.A. Section 761 and 1 V.S.A. Section 317(20).
3. I understand and acknowledge that many of the archaeological and historic properties maintained in the VAI ORC are under the jurisdiction, ownership, or control of private individuals, non-profit organizations, municipalities, and state and federal government agencies and may be afforded additional levels of legislative protection related to the restrictions on cultural resource information, such as exclusions from the Freedom of Information Act. I agree to obtain all necessary state or federal permits as appropriate. I agree to use VAI ORC information only in compliance with applicable municipal, state, and federal laws and regulations, including, but not limited to, the National Historic Preservation Act, 16 U.S.C. § 470 et seq.; the Archaeological Resource Protection act of 1979 [16 U.S.C. § 470aa et seq.]; and the Vermont Historic Preservation Act (22 VSA Chapter 14).
4. I understand that each member of my institution needing access to the VAI ORC will have his or her own user account and password. I understand that no user should discuss or divulge his or her user name and password to any third party, or use his or her account to log another party on the VAI ORC. I understand that it is my responsibility to notify the VAI ORC Administrator at ACCD.DHPORC@vermont.gov when a name needs to be removed from the account.
5. I understand that I must renew this agreement annually.
6. I understand that when this institution no longer holds a VAI ORC use. agreement it is our responsibility to delete all VAI ORC records from our files.

7. I agree to report any breach in the security of my username and password, or any improper release of location information, whether intentional, inadvertent, or otherwise, to the VAI ORC Administrator at ACCD.DHPORC@vermont.gov within 24 hours of the breach or release of information.
8. I understand that access to the VAI ORC does not constitute permission to enter onto or conduct archaeological investigations on any of the lands for which cultural resource records are maintained.
9. I understand that my institution will be held responsible for misuse of the VAI ORC by any of my employees. I understand that evidence of failure to comply with the above conditions and misuse of this agreement will result in immediate suspension of all accounts under this agreement. I understand that, in addition to suspension of privileges and revocation of this user agreement, violation of the terms of this agreement may result in applicable civil or criminal penalties.

Reason for using VAI ORC:

**Authorized users from this institution/agency:** By signing below, each authorized user signifies acceptance of the terms of the attached agreement.

| Printed Name | Signature | Email address |
|---|---|---|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |

Signature of applicant: _____ Date:_____

VDHP approval: _____ Date:_____