

BRITISH COLUMBIA PALEONTOLOGICAL ALLIANCE



Application for Paleontological Research Site Status

Researcher _____

Institution Address _____

Phone _____ E-mail _____

Site Location (NTS Map-Area, UTM Grid Coordinates or Lat/Long)

Associated Researchers ((Supervisor, if Student)

Expected Research Completion Date _____

Period of Status Requested _____

Importance of Site and Details of Research Proposal (attach additional pages, if necessary)

Researcher

Date

Supervisor, if Student

Date

BCPA Approval

Date

BCPA Research Site Expiry Date _____