

CHRIS Information Conditional Use Agreement

I, the undersigned, have been given access by _____, (“Agreement Holder”) whom is operating under CHRIS Information Access and Use Agreement Number _____, to utilize the below indicated historical resources information originally supplied by the _____ Information Center of the California Historical Resources Information System.

I have read and shall abide by all terms and provisions included in the originating Access and Use Agreement and further attest to the intended receipt of the following types of licensed data:

Receipt of Confidential CHRIS Data? Yes No
Receipt of Non-Confidential CHRIS Data? Yes No

I attest that I have only received the above referenced historical resources data included in the areas indicated on the **attached map(s)** and that I will return the data to the Agreement Holder or destroy the data upon completion of the work for which it was originally required. Furthermore, the data received can only be used for the associated work for which I have been contracted by and / or that I have agreed to with the Agreement Holder.

Project / Purpose / Need for Access:

I understand that any Confidential CHRIS Data I receive shall not be disclosed to individuals who do not qualify for access to such information, as specified in Section III (A-E) of the CHRIS Information Center Rules of Operation Manual, subject to the exceptions listed in Section 5 of the originating Access and Use Agreement. I understand that any Confidential CHRIS Data that I receive shall not be disclosed in publicly distributed documents without written consent of the appropriate Information Center Coordinator or Assistant Coordinator.

I agree to submit historical Resource Records and Reports based in part on the CHRIS information released under this Access Agreement to the Information Center within sixty (60) calendar days of completion.

I understand that failure to comply with the above terms and with those terms included in the originating Access and Use Agreement shall be grounds for denial of access to CHRIS Information.

Print Name: _____ Date: _____
Signature: _____
Affiliation: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____

Information Center Use Only:

Approved by: _____
Date Approved: _____