BRITISH COLUMBIA ARCHAEOLOGICAL PERMIT TRACKING SYSTEM

APPLICATION FOR ACCESS

Organization
Organization Name: __________________________________________________________
Address: _________________________________________________________________
City: ___________________ Province: ___________________ Postal Code: __________
Fax: ( ) _______________ Phone: ( ) _______________ Cell: ( ) _______________

Applicant Names
Last Name: ____________ First Name: _______________ BCeID Username: _______
Email Address: __________________________
Last Name: ____________ First Name: _______________ BCeID Username: _______
Email Address: __________________________
Last Name: ____________ First Name: _______________ BCeID Username: _______
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Last Name: ____________ First Name: _______________ BCeID Username: _______
Email Address: __________________________

Important Note
It is the responsibility of the Organization named in this application to maintain a list of valid
users who have been authorized to access the Archaeological Permit Tracking System (APTS).
Should a person listed on this application transfer to another organization or terminate
employment, it is the responsibility of the named Organization to immediately advise the
Archaeology Branch ARCWEBFEEDBACK@gov.bc.ca. Failure to do so may result in access
privileges being revoked.

Please submit this application to: Archaeology Branch, Ministry of Forests, Lands and
Natural Resource Operations Fax: 250-953-3340 Email: ARCWEBFEEDBACK@gov.bc.ca