



**Request to Serve as a State-Approved Museum or Curatorial Repository for Held-in-trust Collections from Lands  
Belonging to the State of Colorado or its Political Subdivisions**

(Revised November 8, 2022)

Date: \_\_\_\_\_

Office of the State Archaeologist of Colorado  
History Colorado,  
1200 Broadway  
Denver, CO 80203

To the State Archaeologist of Colorado,

By this letter, the \_\_\_\_\_ declares its  
[Institution/Museum Name]

desire to serve as an approved museum or curatorial repository, in order to provide curation of archaeological and/or paleontological resources collected under future permits issued by the Office of the State Archaeologist of Colorado. This completed form documents our desire to create and maintain an express trust (held-in-trust) relationship with the State of Colorado regarding these collections.

We hereby agree to abide by the "Responsibilities and Requirements of an Approved Museum" as specified in Section 9.G of the current Rules and Procedures (8 CCR 1504-7) implementing the Historical, Prehistorical, and Archaeological Resources Act of 1973 (as amended 1990; C.R.S. 24-80-401ff). Also, the following statements detail evidence of our desire to benefit from all allowed uses afforded to the approved museum or curatorial repository (Sections 9.H of 8 CCR 1504-7) as well as acknowledgement of the approved museum's or curatorial repository's own independent pursuit of any sources of financial resources or other assistance directly related to the care, study or interpretation of the collection.

1. Check all that apply: Archaeology Collections \_\_\_ Paleontology Collections \_\_\_

2. Address of Curation Facility: \_\_\_\_\_

3. Geographical Service Area (specify all or part of Colorado): \_\_\_\_\_

4. Legal owner(s) of the majority of the museum collection (artifacts or specimen): Private \_\_\_ City \_\_\_ County \_\_\_

State \_\_\_ Federal or Other (describe) \_\_\_\_\_

5. Legal owner(s) of the museum or curatorial repository building or structure: Private \_\_\_ City \_\_\_ County \_\_\_

State \_\_\_ Federal or Other (describe) \_\_\_\_\_

6. Conditions/Restrictions on Types of Collections to be accepted for Curation:

---

---

7. Collections Director/Curator Name(s): \_\_\_\_\_

8. Collections Director/Curator's e-mail: \_\_\_\_\_

9. Collections Director/Curator Director's phone no.: \_\_\_\_\_

10. Institution/Museum website address: \_\_\_\_\_

**Documentation** (Please append appropriate documents where required)

11. Proof of Reputable Status (Check all that apply):

\_\_\_ a) Received from the American Association for State and Local History (AASLH) silver or gold certificates by participating in the Standards and Excellence Program for History Organizations (StEPs) program in the stewardship of collections section within the last five years (copy of a fully signed certificate attached issued by the AASLH).

\_\_\_ b) Show evidence of participation in the Museum Assessment Program in the area of collections stewardship from the American Alliance of Museums within the last five years (copy of applicable MAP collections stewardship participation).

\_\_\_ c) Received Core Documents Verification from the American Alliance of Museums (AAM) within the last five years (copy of the AAM issued verification letter attached).

\_\_\_ d) Received and maintain formal Accreditation status from the American Alliance of Museums (copy of the AAM issued accreditation letter attached).

\_\_\_ e) Considered a designated "Federal Repository" curating federally-owned and administered archaeological or paleontological collections under the requirements of Federal Regulations 36 CFR 79 (copy of a signed letter from a Federal agency evidencing a curation care arrangement or other documentation).

\_\_\_ f) Other equivalent accreditation or successor program (e.g. Collections Assessment Program (CAP) or Colorado Wyoming Association of Museums (CWAM) Peer Assessment Program).

12. Attached proof of a fine art or other insurance umbrella policy covering the care of the state collection from any damage or loss incident (please initial here [\_\_\_]). (Please attach a copy of a certificate of insurance or other documentation. History Colorado and the approved museum or curatorial repository should be shown as co-beneficiaries (or additionally insured)) **or**

Our Institution/Museum or Entity's collections are primarily owned or overseen by a Colorado governmental entity (considered a "public entity" within the meaning of the Colorado Governmental Immunity Act, CRS 24-10-101, et seq.), that is self-insured and it is acknowledged that the State collections under our care will be ensured for liabilities arising from a damage or a loss incident. Please initial here [\_\_\_] **or**

