

## Utility Permit Notification and Cultural Resource Certification

This form is to be completed and submitted to the Oregon Department of Transportation with the *Application and Permit to Occupy or Perform Operations Upon a State Highway* when ground disturbance (directional boring, cable plowing, trenching, and digging of any kind) is proposed as part of a permit application for installation of a utility line including moving or repositioning existing lines or poles.

Applicant Information							
Applicant Name		••					
Address							
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City		State		Zip			
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Contact Person Name		Phone Number		Email			
Project Location Information							
Highway Name and Route Number							
			I				
Begin MP	End MP		County				

I represent that this Certification is in support of the *Application and Permit to Occupy or Perform Operations Upon a State Highway* at the above location dated

\_\_\_\_\_, and submitted to the Oregon Department of Transportation with this Certification.

I am an authorized representative of the Applicant and certify that the Applicant has reached out to the Tribe(s) identified on the Oregon Department of Transportation "tribe by county" list and verified the presence/absence of cultural resources with the State Historic Preservation Office (SHPO) for a utility installation proposed on state highway right of way that is expected to include ground disturbance (directional boring, cable plowing, trenching, and digging of any kind).

The Tribe(s) was given at least 30 calendar days to respond to the request for feedback on cultural resources in the proposed work area that may be known to the Tribe(s) but not in the SHPO database.

Based on this information, the necessary cultural resource protection clearances and permits have been, or will be, obtained for the proposed work. In addition, it is understood that this does not relieve the Applicant from its responsibility to protect cultural resources. If cultural resources are discovered during the project, work will be stopped and SHPO contacted according to SHPO regulations.

By signing below, I certify that the above statements are true and correct to the best of my knowledge.

Name (Printed)	Signature	Date