CONFEDERATED TRIBES OF THE COLVILLE RESERVATION
RESEARCH PERMIT APPLICATION
(Applicant Please Complete The Top Section of This Page.)

Name of Research Project: _____

Project Representative: _____

Project Address: _____

Project Phone & Email Address: _____

OFFICE USE ONLY *(Do not complete this section.)*

The attached Research Permit Application has been reviewed by the following programs/departments with/without recommendations(s):

Program Manager: _____ Date: _____
Program: _____ _ Date: _____
Recommendation(s):_____
_____
_____

Department Director: _____ __ Date: _____
Division: _____
Recommendations: _____
_____
_____

Reservation Attorney: _____ Date: _____
Recommendation(s): _____
_____
_____

Executive Director: _____ Date: _____
Recommendation(s: _____
_____

Colville Business Council Committee(s) to review:

_____ _____

_____ _____

Return Completed Form to: Karen Condon, Program Manager CCT Archives & Records Center, for processing. Phone Number: 509-634-2148 Thank you.

PERMIT #:_____

CONFEDERATED TRIBES OF THE COLVILLE RESERVATION
RESEARCH PERMIT APPLICATION
(DO NOT CHANGE THIS FORM)

Applicant Please Fill Out and Submit

Name of Applicant: _____

Mailing Address: _____

Phone Number & Email Address: _____

Type of Applicant: Individual ☐ Agency ☐ Corporation ☐ Institution ☐

Purpose of study, survey, research (be brief, but concise; you may attach additional information:

Is this study, survey or research being conducted for profit? If yes, explain:

Source of funding to conduct study, survey or research

Projected or actual amount to conduct study, survey or research: $_____

Names & addresses of all persons authorized to participate in conducting the study, survey or research (include those not present on the Colville Indian Reservation, also):

Proposed dates of study, survey or research

From: _____ To: _____

Location of study, survey or research and location of sources to be researched:

Assurance of Protection of Rights of Individual Tribal Members and their Families and the Rights of the Colville Confederated Tribes; research will comply with P.L. 93-348 as implemented by Part 46 of Title 45 and all tribal laws, ordinances and codes regarding the protection of human subjects involved in research, development and related activities supported by the funding sources of the project or the tribal program(s) or agency(ies) participating in the project.

Methodology for conducting this project (be concise)

Describe the intended final product of this project:

IS PUBLICATION INTENDED? ☐ Yes ☐ NO IF YES, EXPLAIN:

How will the results of the research be used:

Proposed Tribal Program(s) and or Employee(s) identified to assist/supervise the study, survey or research:

Program: _____ Contact: _____
Program: _____ Contact: _____
Program: _____ Contact: _____
Program: _____ Contact: _____
Program: _____ Contact: _____

(DO NOT CHANGE THIS FORM)

ASSURANCES: I, _____ HAVE READ AND UNDERSTAND THE CONFEDERATED TRIBES OF THE COLVILLE RESERVATION RESEARCH PERMIT REGULATION ORDINANCE AND AGREE TO ADHERE TO ITS CONTENTS. I FURTHER ATTEST THAT THE INFORMATION PROVIDED ON THE APPLICATION FOR A RESEARCH PERMIT IS TRUE AND CORRECT AND I UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN DENIAL OR CANCELLATION OF A RESEARCH PERMIT APPLICATION.

_____ _____

Name and Title Date

Submit Form Reset Form

(DO NOT CHANGE THIS FORM)