

## ILRR User Authorization Form

The ILRR User Authorization form is used to request access to the ILRR or make changes to existing user authorization to sensitive records.

Each user must complete the form using the following instructions:

1. Please indicate the sensitive interest Data Access Group and select one access level desired.
  - **Full Plus \*** - *Only* applies to Archaeology sites--> Allows for viewing of non-obfuscated geometry and site typologies details.
  - **Full** - for Archaeology sites--> Allows for viewing of obfuscated geometry and site typologies details.  
- for all other Data groups--> Allows for viewing of geometry and interest details.
  - **Existence** - for Archaeology sites--> Allows for viewing of obfuscated geometry but no site typologies details.  
- for all other Data groups--> Allows for viewing of geometry but restricts interest details.
2. Have your Supervisor **sign** the ILRR Authorization form
3. Sign and Date the form
4. Email the form to: NRSApplications@gov.bc.ca

| Data Access Group | Access Type |      |           | Reason for Request |
|-------------------|-------------|------|-----------|--------------------|
|                   | Full Plus*  | Full | Existence |                    |
| Archaeology       |             |      |           |                    |
| Mineral           | N/A         |      |           |                    |
| Front Counter BC  |             |      |           |                    |
| Petroleum         |             |      |           |                    |

Supervisors Name and Title: \_\_\_\_\_ Signature: \_\_\_\_\_

By signing this form, you are approving access to data that is considered to be confidential and sensitive in nature. Therefore, you are assuming full responsibility to ensure the protection of this information is maintained at all times. Please do not share or disclose with outside agencies or members of the general public.

Name of Employee (please print): \_\_\_\_\_ IDIR id: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, you agree that we may periodically communicate with you via your Government email address.

\* Will require confirmation from Archaeology Branch that End User has signed the Archaeological Information Sharing Agreement. This could result in additional time to process the form.