

**FORM NMS 4B – 06**

**Application for a REGISTRATION NUMBER to record archaeological activities carried out as part of MINISTERIAL DIRECTIONS**

**Section 14A of the National Monument Act 1930 (as amended)**

**Direction Number:** ………………………………………………………….

(if known)

**Name of Site:** …………………………………………………………..

**Applicant:** …………………………………………………………..

**On behalf of:**  …………………………………………………………..

 …………………………………………………………..

 …………………………………………………………..

 …………………………………………………………..

**Description of Works:** Excavation / Geophysical Survey /

Dive Survey / Other Survey / Works

(Circle as required)

**Details:** …………………………………………………..

**National Monuments Number:** ………….. **County:** ……………………..

**Townland(s):** …………………………………………………………………………

**ITM Easting:** ………………….. **Northing:** ……………………..

Use GPS to derive the coordinates

**SMR Numbers:** ……………………………………………………………………..

**Six Inch Sheet:** …………. **Other Mapping:** ……………………………..

**Site Type:** .…………………………………………………………………………...

**Period during which work is expected to take place:**

……… weeks from ………/……./…………….

Please include method statement as normal.

**Signed: …………………………………………. Date: …./……/……….**