

Metadata

Section 1: Identification

Title [M]:		Date [M]:	
Date Type [M]:	<i>Creation</i> <input type="checkbox"/> <i>Publication</i> <input type="checkbox"/> <i>Revision</i> <input type="checkbox"/>	Edition [O]:	
Abstract [M]:		
Purpose [O]:		

Section 2: Point of Contact

Individual Name [M]:						
Organization Name [M]:						
Phone Number [O]:			Fax Number [O]:			
Address [O]:						
City [O]:						
Administrative Area [O]:				Postal Code [O]:		
Email [O]:						
Role [M]:	<i>Dataset Provider</i> <input type="checkbox"/> <i>Custodian</i> <input type="checkbox"/> <i>Owner</i> <input type="checkbox"/> <i>User</i> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>Distributor</i> <input type="checkbox"/> <i>Originator</i> <input type="checkbox"/> <i>Point Of Contact</i> <input type="checkbox"/> <i>Principal Investigator</i> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>Processor</i> <input type="checkbox"/> <i>Publisher</i> <input type="checkbox"/> <i>Author</i> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Maintenance and Update Frequency [O]:	<i>Annually</i> <input type="checkbox"/>	<i>Daily</i> <input type="checkbox"/>	<i>Not Planned</i> <input type="checkbox"/>
	<i>As Needed</i> <input type="checkbox"/>	<i>Fortnightly</i> <input type="checkbox"/>	<i>Quarterly</i> <input type="checkbox"/>
	<i>Biannually</i> <input type="checkbox"/>	<i>Irregular</i> <input type="checkbox"/>	<i>Unknown</i> <input type="checkbox"/>
	<i>Continual</i> <input type="checkbox"/>	<i>Monthly</i> <input type="checkbox"/>	<i>Weekly</i> <input type="checkbox"/>
Section 3: Descriptive Keywords			
Keyword [O]:			
Country or Region [M]:			
Use constraints [M]:	<i>Copyright</i> <input type="checkbox"/>	<i>Trademark</i> <input type="checkbox"/>	
	<i>Intellectual Property Rights</i> <input type="checkbox"/>	<i>Patent</i> <input type="checkbox"/>	
	<i>License</i> <input type="checkbox"/>	<i>Restricted</i> <input type="checkbox"/>	
	<i>Other Restrictions</i> <input type="checkbox"/>	<i>Patent pending</i> <input type="checkbox"/>	
Other constraints [O]:			
Spatial Representation Type [O]:	<i>Grid (Raster)</i> <input type="checkbox"/>	<i>Tin</i> <input type="checkbox"/>	
	<i>Stereo Model</i> <input type="checkbox"/>	<i>Vector</i> <input type="checkbox"/>	
	<i>Text Table</i> <input type="checkbox"/>		
Section 4: Equivalent Scale			
Language [M]:			
Topic Category Code [M]:	<i>Biota</i> <input type="checkbox"/>	<i>Boundaries</i> <input type="checkbox"/>	<i>Economy</i> <input type="checkbox"/>
	<i>Inland Waters</i> <input type="checkbox"/>	<i>Intelligence Military</i> <input type="checkbox"/>	<i>Location</i> <input type="checkbox"/>
	<i>Oceans</i> <input type="checkbox"/>	<i>Planning Cadastre</i> <input type="checkbox"/>	<i>Society</i> <input type="checkbox"/>
	<i>Utilities Communication</i> <input type="checkbox"/>	<i>Transportation</i> <input type="checkbox"/>	<i>Farming</i> <input type="checkbox"/>
	<i>Geoscientific Information</i> <input type="checkbox"/>	<i>Environment</i> <input type="checkbox"/>	<i>Structure</i> <input type="checkbox"/>
	<i>Climatology/Meteorological/Atmosphere</i> <input type="checkbox"/>		
	<i>Health / Imagery /Base Maps /Earth Cover</i> <input type="checkbox"/>		

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Section 5: Temporal Extent

Begin Date [O]:		End Date [O]:	
Geographic Bounding Box [M]:			
Supplemental Information [M]:	<i>Unclassified</i> <input type="checkbox"/> <i>Restricted</i> <input type="checkbox"/> <i>Confidential</i> <input type="checkbox"/> <i>Secret</i> <input type="checkbox"/> <i>Top Secret</i> <input type="checkbox"/>		
Further supplemental information [O]:			

Section 6: Distribution Information

Online Resource [O]:	
URL [O]:	
Description [O]:	

Section 8: Data Quality Information

Statement [O]:	<hr/> <hr/> <hr/>
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Section 9: Metadata Author

Individual Name [M]:			
Organization Name [M]:			
Position Name [O]:			
Phone Number [O]:		Fax Number [O]:	
Address [O]:			

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City [O]:			
Administrative Area [O]:		Postal Code [O]:	
Email [O]:			
Role [M]:	<i>Dataset Provider</i> <input type="checkbox"/>	<i>Distributor</i> <input type="checkbox"/>	<i>Processor</i> <input type="checkbox"/>
	<i>Custodian</i> <input type="checkbox"/>	<i>Originator</i> <input type="checkbox"/>	<i>Publisher</i> <input type="checkbox"/>
	<i>Owner</i> <input type="checkbox"/>	<i>Point Of Contact</i> <input type="checkbox"/>	<i>Author</i> <input type="checkbox"/>
	<i>User</i> <input type="checkbox"/>	<i>Principal Investigator</i> <input type="checkbox"/>	