



WEATHER MODIFICATION LICENSE APPLICATION
NORTH DAKOTA STATE WATER COMMISSION
ATMOSPHERIC RESOURCE BOARD
SFN 53574 (12/2017)

To obtain a license, the Licensee must submit this form with a license fee of \$50.00 to the NDARB, 900 East Boulevard Avenue, Department 770, Bismarck, ND 58505.
The license will expire at the end of the calendar year.

Please make checks payable to the Treasurer, State of North Dakota.

Name Of Applicant		Company Name		
Address		City	State	ZIP Code
List All Other Jurisdictions To Which Applications For A Weather Modification License Have Been Filed.				
Have You Ever Been Refused A Weather Modification License, Or A License Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If The Answer Is Yes, Explain The Circumstances.				
Have You Had A Weather Modification License Which Was Suspended Or Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If The Answer Is Yes, Explain The Circumstances.				
Indicate Here The Name Of The Licensee's Designated Field Representative. If This Individual Is Not Named On the Licensee's Current Weather Modification License, Attach Materials Indicating Their Qualification And Experience.				
First Name (Field Representative)		MI.	Last Name	
The Following Named Individuals(s) Are Designated To Be In Control And In Charge Of My Project(s) To Modify Natural Precipitation By Artificial Means In The State Of North Dakota During The Calendar Year. (Each Individual Must Complete All Of The Following Sections, Attach Additional Sheets If Needed).				
Name		Highest Grade Completed (1-12)		
Name Of College Or University		City	State	ZIP Code
Dates Of Attendance		Graduate Major		
Minor Subjects Studied Including Number Of Semester Hours Of Meteorological Coursework				
Degree Received		Titles Of Any Thesis Or Dissertation		
Name And Location Of Other Schools, Dates, Attended, Subjects Studied				

Certificates Or Licenses Of Professional Status

Memberships

Experience In Weather Modification Operations, Experiments, Or Planning. Emphasis Should Be Given To Experience With Reference To Meteorological Conditions Typical Of North Dakota. (Begin With Most Recent Experience.)

Employer's Name	Dates Of Employment	Type Of Business	
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Address	City	State	ZIP Code
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Position	Description Of Duties
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Name Of Supervisor

Address	City	State	ZIP Code
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Employer's Name	Dates Of Employment	Type Of Business	
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Address	City	State	ZIP Code
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Position	Description Of Duties
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Name Of Supervisor

Address	City	State	ZIP Code
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Employer's Name	Dates Of Employment	Type Of Business	
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Address	City	State	ZIP Code
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Position	Description Of Duties
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Name Of Supervisor

Address	City	State	ZIP Code
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Special Experience Qualifications

Attach List Of Publications, Patents, And Reports By The Applicant
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Three References Who Will Attest To The Applicant's Character, Knowledge, And Experience.			
Name			
Address	City	State	ZIP Code
Telephone Number	Email Address		
Name			
Address	City	State	ZIP Code
Telephone Number	Email Address		
Name			
Address	City	State	ZIP Code
Telephone Number	Email Address		
I CERTIFY That All Statements In This Application Are Complete & Correct To The Best Of My Knowledge And Are Made In Good Faith.			
Signature Of Applicant	Title Of Applicant	Date	
Signatures Of Qualifying Individuals Whose Name(s) Will Appear On License			
Signatures Of Qualifying Individuals	Signatures Of Qualifying Individuals		
Signatures Of Qualifying Individuals	Signatures Of Qualifying Individuals		

*Each Qualifying Applicant Must Fill Out Pages 2-3.
 Each Qualifying Applicant Must Sign The Application To Verify The Information Is Correct.