



WEATHER MODIFICATION LICENSE APPLICATION
NORTH DAKOTA ATMOSPHERIC RESOURCE BOARD
SFN 53574 (10/2002)

Instructions

To obtain a license, the Licensee must submit a form with a license fee of \$50.00 to the NDARB, 900 E. Boulevard Ave., 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.

I, _____
Name of Applicant

of, _____
Company

at, _____
Business Address

County of _____, State of _____

1. List other jurisdictions to which applications for a weather modification license have been filed.

2. Have you ever been refused a weather modification license, or a license renewal? _____ If the answer is yes, explain the circumstances.

3. Have you had a weather modification license which was suspended or revoked? _____ If the answer is yes, explain the circumstances.

The following named individual(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.)

1. Name

2. Education

- a. Highest grade completed (1 through 12) _____

- b. Name and location of colleges or universities, degrees received, and year of graduation.

- c. Name and location of other schools, dates attended, subjects studied.

d. Certificates or licenses of professional status or prior authorizations to perform weather modification activities.

e. Memberships

3. 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.)

a. Dates of employment (month, year), Employer's name, address, and type of business.

Position and description of duties:

Name and address of supervisor:

- b. Date of employment (month, year, from-to), Employer's name address, and type of business.

Position and description of duties:

Name and address of supervisor:

- c. Date of employment (month, year, from-to), Employer's name address, and type of business.

Position and description of duties:

Name and address of supervisor:

d. Special experience qualifications:

4. Attach list of publications, patents, and reports.

5. Three references who will attest to the applicant's character, knowledge, and experience.

a. Name: _____

Address: _____

_____ Telephone: _____

b. Name: _____

Address: _____

_____ Telephone: _____

c. Name: _____

Address: _____

_____ Telephone: _____

I CERTIFY that all statements in this application are complete and correct to the best of my knowledge and are made in good faith.

Date this _____ day of _____, _____.

Signature of Applicant

Title

Signatures of qualifying individuals whose name(s) will appear on license:

***Each qualifying applicant must fill out pages 2 thru 5. Each qualifying applicant must sign the application to verify the information provided is correct.**