



WEATHER MODIFICATION LICENSE APPLICATION
 NORTH DAKOTA DEPARTMENT OF WATER RESOURCES
 ATMOSPHERIC RESOURCE BOARD
 SFN 53574 (8/2021)

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.

Each Qualifying Applicant Must Fill Out Information Requested In The Last Section Of Page 1 Through Page 3.
 Each Qualifying Applicant Must Sign The Application To Verify The Information Is Correct.

| | | | |
|---|--|--------------------------------------|-------------------|
| 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 | |

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| Name And Location Of Other Schools, Dates, Attended, Subjects Studied |
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| Certificates Or Licenses Of Professional Status |
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|-------------|
| Memberships |
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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.)

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|-----------------|---------------------|------------------|----------|
| Employer's Name | Dates Of Employment | Type Of Business | |
| Address | City | State | ZIP Code |

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| Position | Description Of Duties |
|----------|-----------------------|

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|--------------------|--|--|--|
| Name Of Supervisor | | | |
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|---------|------|-------|----------|
| 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 | | | |
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|---------|------|-------|----------|
| 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 | | | |
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|---------|------|-------|----------|
| Address | City | State | ZIP Code |
|---------|------|-------|----------|

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|---|--------------------------------------|-------|----------|
| Special Experience Qualifications | | | |
| Attach List Of Publications, Patents, And Reports By The Applicant | | | |
| 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 | | |