



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157

1-800-803-9202 - (512) 936-4313 - FAX (512) 463-1376

<http://www.license.state.tx.us> - weather.modification@license.state.tx.us

APPLICATION FOR: **WEATHER MODIFICATION LICENSE**
PURSUANT TO AGRICULTURE CODE, TITLE 9, WEATHER AND CLIMATE, CHAPTERS 301 AND 302

CHECK ONE LICENSE—\$650.00 LICENSE RENEWAL—\$650.00

RENEWALS: Date of the Original License: _____

Renewals obtained for which years: _____

1. Applicant's Full Name:

Last First Middle Suffix (JR, SR, III)

Business Address

Telephone Number **Occupation**

2. List the name, business address, telephone number and occupation (if different from the applicant's) of the technical and scientific people who will make the day-to-day decisions and carry out the proposed weather modification operation that is described in the Notice of Intention.

Applicant's Full Name:

Last First Middle Suffix (JR, SR, III)

Business Address

Telephone Number **Occupation**

Applicant's Full Name:

Last First Middle Suffix (JR, SR, III)

Business Address

Telephone Number **Occupation**

3. Has any person named above been denied a weather modification license, or had a license suspended or revoked in Texas or elsewhere?

Yes No If yes, please explain

4. Complete and attach the Weather Modification License Qualifications Statement for each person named in item #2 and #3.

I CERTIFY THAT I HAVE READ AND WILL ABIDE BY THE TEXAS WEATHER MODIFICATION ACT, AND THE TEXAS DEPARTMENT OF LICENSING AND REGULATION RULES, TEX. ADMIN. CODE, CHAPTER 79 (THE RULES) PROMULGATED THEREUNDER. UPON REQUEST OF THE DEPARTMENT, I AGREE TO MAKE AVAILABLE ALL RECORDS MAINTAINED UNDER THE ACT AND THE RULES.

WITH KNOWLEDGE OF THE PENALTIES FOR FALSE STATEMENTS, I CERTIFY THAT ALL INFORMATION SUBMITTED ON THIS APPLICATION, AND ALL ATTACHED DOCUMENTS IS TRUE AND CORRECT.

Applicant Signature

Date

THE AREA BELOW THIS LINE IS FOR DEPARTMENT USE ONLY