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| --- |
| Permit Applicant Information |
| Company / Applicant Name: |
| Address:  |
| Phone:  | Email: |
| Organization Type: District, Municipality, Private Consulting Firm, other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Incorporated? YES  NO |
| County: |
| Water District:  |
| Federal ID Number:  |
| Project Sponsor Information |
| Project Representative Name: |
| Phone:  | Email: |
| Engineer\*: |
| Phone:  | Email: |
| Attorney\*: |
| Phone:  | Email: |
| Project Information |
| Method (s) of weather modification for which applicant requests a permit: |
|  |
| Project Name: |
| Brief Description of Project: (Attach separate sheets if needed)  |
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|  |
| General Location: (Attach Map of Area) |
|  |
| Estimated Planning Costs: | Estimated Operational Costs: |
| Other Costs (Describe Above): | Total Project Costs: |
| Project Start/End Date(s) Requested: |



**\***If Applicable

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| Applicant’s Background and Qualifications (attach additional pages if needed) |
| Education (List most recent first) |
| Institution | Dates Attended | Degree | Area of Study |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Societies or Professional Organizations: |
|  |
| Weather Modification experience (attach additional sheets if needed): |
| Employer (name, address, telephone) | Title | Beginning/End Date | Duties Performed |
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| Weather Modification Publications and Reports: |
| Title | Date | Link (if available) |
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|  |  |  |
|  |  |  |
| Professional References: |
| Name | Organization/Address | Telephone |
|  |  |  |
|  |  |  |
|  |  |  |
| Which of the following requirements for a license do you meet? |
|  | Eight or more years professional experience in weather modification field research or operations with at least three years as project director |
|  | Bachelor’s degree in engineering, mathematics or physical sciences and three years experience in weather modification field research or operations |
|  | Bachelor’s degree in meteorology or engineering (which includes or is in addition to, twenty-five semester hours of meteorology) and two years experience in weather modification operations or research |

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| Method (s) of weather modification for which applicant claims expertise: |
|  |
| **Signature** |
| Signature / Title Date |

Please submit this form, along with form WM-2 and $250 application fee to:

Andrew Rickert

Colorado Water Conservation Board

1313 Sherman St #718

Denver, CO 80203

Ph. 303.866.3441 ext. 3249

e-mail: andrew.rickert@state.co.us

Make all checks payable to: Colorado Water Conservation Board.