



Texas Department of Licensing and Regulation
 P.O. Box 12157 • Austin, Texas 78711-2157
 (512) 463-6599 • FAX (512) 539-5689
www.tdlr.texas.gov • weather.modification@tdlr.texas.gov

WEATHER MODIFICATION LICENSE APPLICATION

PURSUANT TO AGRICULTURE CODE, TITLE 9, WEATHER AND CLIMATE, CHAPTERS 301 AND 302

CHECK ONE: LICENSE - \$750.00 LICENSE RENEWAL - \$750.00 LICENSE AMENDMENT - \$650.00

Renewals: Date of Original License: _____

1. Choose the Type of License:

- 1a. **Individual License** – I am the person applying for the license.
- 1b. **Business License – Sole Proprietor** – I own and operate the business applying for the license.
- 1b. **Business License – Organization** – I am a contact or representative of the company (E.g. LLC, PLLC, Corporation) applying for the license.
- 1c. **Government Entity License** – I am a contact or representative of a public agency or government district (e.g. City, County, School/Water Conservation District) applying for the license.

1a. If you are applying as an Individual, enter the following information:

Full Name of Applicant:

 First, Middle, Last, Suffix (JR, SR, III)

Gender: Male Female

 Mailing Address (Number, Street, City, State, Zip-Code)

 Social Security Number

 Date of Birth

 Telephone Number

 Email Address

Background History Questions: Have you ever been convicted of, or placed on deferred adjudication for, any felony or misdemeanor other than a minor traffic violation? (DWI/DUI is not a minor traffic offense.)

YES NO

Have you had an occupation license, certification, or registration suspended, revoked or derived in any state?

YES NO

1b. If you are applying as a business enter the following information:

Legal Name of Business

DBA Name of Business (If applicable – list all)

Mailing Address (Number, Street, City, State, Zip-Code)

Physical Address (Number, Street, City, State, Zip-Code)

FEIN Number

TX Taxpayer ID Number

Type of Ownership (LLC, SL Prop, etc)

Website

Telephone Number

Email Address

Controlling Person: Enter the following information about the Controlling Person for the business. At least one controlling person is required for submission:

Full Name of Controlling Person:

First, Middle, Last, Suffix (JR, SR, III)

Company

Title at Company

Social Security Number

Date of Birth

Telephone Number

Gender: Male **Female**

Background History Questions: Have you ever been convicted of, or placed on deferred adjudication for, any felony or misdemeanor other than a minor traffic violation? (DWI/DUI is not a minor traffic offense.)

YES **NO**

Have you had an occupation license, certification, or registration suspended, revoked, or derived in any state?

YES **NO**

Full Name of Controlling Person:

First, Middle, Last, Suffix (JR, SR, III)

Company

Title at Company

Social Security Number

Date of Birth

Telephone Number

Gender: Male **Female**

Background History Questions: Have you ever been convicted of, or placed on deferred adjudication for, any felony or misdemeanor other than a minor traffic violation? (DWI/DUI is not a minor traffic offense.)

YES **NO**

Have you had an occupation license, certification, or registration suspended, revoked, or derived in any state?

YES **NO**

If you have additional controlling persons: print this page again and affix to the application.

1c. If you are applying as a government entity, enter the following information:

Full Name of Government Entity:

Example: Texas Department of Licensing and Regulation (do not abbreviate)

Mailing Address (Number, Street, City, State, Zip-Code)

Physical Address (Number, Street, City, State, Zip-Code)

FEIN Number

Telephone Number

Website

2. List the name, business address, telephone number and email address of the qualified meteorologists who will make the day-to-day decisions and carry out the proposed weather modification operation that is described in the Notice of Intent.

Meteorologist's Full Name:

First, Middle, Last, Suffix (JR, SR, III)

Mailing Address (Number, Street, City, State, Zip-Code)

Telephone Number

Email Address

Background History Question: Have you ever had an occupation license, certification, or registration suspended, revoked or derived in any state?

YES NO

Meteorologist's Full Name:

First, Middle, Last, Suffix (JR, SR, III)

Mailing Address (Number, Street, City, State, Zip-Code)

Telephone Number

Email Address

Background History Question: Have you ever had an occupation license, certification, or registration suspended, revoked or derived in any state?

YES NO

Meteorologist's Full Name:

First, Middle, Last, Suffix (JR, SR, III)

Mailing Address (Number, Street, City, State, Zip-Code)

Telephone Number

Email Address

Background History Question: Have you ever had an occupation license, certification, or registration suspended, revoked or derived in any state?

YES NO

If you have additional Meteorologists: print this page again and affix to the application.

3. Provide the name, email address, and phone number of a person we can contact about this weather modification business. Please provide an email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.

Point of Contact's Full Name:

First, Middle, Last, Suffix (JR, SR, III)

Telephone Number

Email Address

4. Complete and attach the Weather Modification License Qualification Statement for each person named in item #1 and #2.

I CERTIFY THAT I HAVE READ AND WILL ABIDE BY THE TEXAS WEATHER MODIFICATION ACT (TEXAS AGRICULTURAL CODE, TITLE 9, WEATHER AND CLIMATE, CHAPTER 301 AND 302), 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 SUCH 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's Signature

Date

AREA BELOW THIS LINE FOR DEPARTMENT USE ONLY
