



Texas Department of Licensing and Regulation
 P.O. Box 12157 • Austin, Texas 78711-2157
 (512) 936-4313 • FAX (512) 463-7189
 www.tdlr.texas.gov • weather.modification@tdlr.texas.gov

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

ADVANCED CONSULTATION WITH THE STAFF OF THE TEXAS DEPARTMENT OF LICENSING AND REGULATION IS RECOMMENDED FOR PERMIT APPLICATIONS.

WEATHER MODIFICATION PERMIT APPLICATION

Weather Modification Permit Fees: Permit - \$100.00 Permit Amendment - \$100.00

1. Applicant's Full Name:

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

Business Address:

Telephone Number:

Email Address:

2. Indicate whether the applicant has a valid Texas Weather Modification License, by giving the number of the license: or if applicant has filed an application to obtain or renew, a license.

License #: _____

If intended to affect weather in another state, has a license or permit been obtained from that state?

Yes No State: _____

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

Meteorologist's Full Name:

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

Business Address:

Telephone Number:

Email Address:

Meteorologist's Full Name:

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

Business Address:

Telephone Number:

Email Address:

4. Briefly describe the purpose of the proposed weather modification operation e.g. rainfall augmentation, hail-suppression, fog dispersal, the objective i.e. water resources, agriculture, airfield operation, and the period of the permit; list the dates of each calendar year for which the operation is to be conducted, up to four years.

Objective: _____

Period Request: _____

Dates/Years: _____

5. Identify new the newspaper(s) within which the Notice of Intention is to be published, once a week for three consecutive weeks. The newspapers must have general circulation in the counties specified as operational and/or target areas.

1. _____

2. _____

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