



TEXAS DEPARTMENT OF LICENSING AND REGULATION

WEATHER MODIFICATION QUALIFICATIONS STATEMENT

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weather.modification@license.state.tx.us

Your Name: _____

Complete and submit this form for each technical or scientific person whose qualifications are to be considered for a Texas Weather Modification License. This statement must be completed by the applicant and each person who will assist the applicant in conducting day-to-day weather modification operations.

1. Identify the Highest Educational Institution from which you graduated or technical training school you completed and given the mailing address(es). Indicate the dates of graduation, type of degree(s) received and major course of study; or completion and/or description of training and certificate(s) received.
2. Describe your employment history in meteorology and/or weather modification operations. Specify your duties and responsibilities for each position held. Give pertinent dates.
3. List certificates of professional, or vocational competence or licenses you have and the dates of issuance.
4. Give membership status with professional or technical associations with effective dates.
5. Attach a list of articles published, reports prepared or synopses made relative to meteorology and weather modification.

All information given here is accurate to the best of my knowledge.

Signature

Date