



APPLICATION FOR WEATHER MODIFICATION PERMIT
 NORTH DAKOTA DEPARTMENT OF WATER RESOURCES
 ATMOSPHERIC RESOURCE BOARD
 SFN 53610 (8/2021)

To obtain a permit, the Licensee must submit a form with a permit fee of \$25.00 for each permit applied for to the North Dakota Atmospheric Resources Board , 900 E. Boulevard Ave., Bismarck, ND 58505.
Please make check payable to the Treasurer, State of North Dakota.

Applicant's Name		Date	
Address	City	State	ZIP Code
Is the permit Application Fee, in the amount of \$25.00, paid in full or attached to this application? <input type="checkbox"/> Paid In Full <input type="checkbox"/> Attached			
Current North Dakota Weather Modification License Number.			
Describe geographical location of proposed target area. <i>(include county boundaries, latitudes, longitudes, and surveyed geographic features may be used)</i>			
Did you attach a map depicting the proposed weather modification target area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date upon which operations are proposed to begin.	Date upon which operations are proposed to cease.		
If extension of operations beyond the date shown above is possible, indicate the date to which operations might be extended.			
Has any jurisdiction ever suspended or revoked a weather modification permit issued to the Licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, describe the circumstances.			
Has the Licensee ever had any jurisdiction decline to issue or renew a weather modification permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, describe the circumstances.			
Has the Licensee ever had any jurisdiction suspend, revoke, or decline to renew a weather modification license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, describe the circumstances.			

Is the Licensee registered with the North Dakota Secretary of State's Office to do business in the State of North Dakota? Yes No

If YES, attach documentation such as a valid North Dakota Corporate Certificate of Good Standing, and indicate here the date of issue.

Does the Licensee have current North Dakota Workforce Safety & Insurance coverage? Yes No

If YES, attach valid North Dakota Workers' Compensation Certificate, and indicate the expiration date here.

If the operations are to be conducted under contract, was a performance bond, cash, or negotiable securities?
 Performance Bond Cash Negotiable Securities

If YES, indicate the amount of the performance bond, cash, or negotiable securities.

Are the proposed operations to be conducted under contract? Yes No

If YES, what is the value of the contract?

If NO, what is the estimated cost of the proposed operation?

Describe how this estimate was derived.

Are all the aircraft (if any) to be used in the proposed operations registered with the ND Aeronautics Commission? Yes No

If YES, attach evidence.

Did you attach to this application proof of the applicant's financial responsibility in accordance with North Dakota Century Code 61-04.1-19 and Atmospheric Resource Board Rules and Regulations 89-07-02-22? Yes No

Were promotional or advertising material used in connection with the negotiation for the conduct of the proposed operations? Yes No

If YES, attach a copy of printed material, and a description of any other materials.

Indicate here the name of the Licensee's designated field representative. If this individual is not named on the Licensee's current weather modification license, attach materials indicating their qualification and experience. The field representative shall be.

First Name

M.I.

Last Name

Attach a complete and detailed description of the project operational plan, which includes the types of seeding agents to be used, the methods and equipment to be employed in seeding operations, and the emergency shutdown procedures, including the conditions under which operations will be suspended.

I certify that all statements in this application and in the attachments thereto are complete and correct, to the best of my knowledge, and are made in good faith.

Signature

Title

Date