INITIAL REPORT ON WEATHER MODIFICATION ACTIVITIES

This report is required by Public Law 92-205; 85 Stat. 735; 145 U.S.C. 330b. Knowing and willful violation of any rule adopted under the authority of Section 2 of Public Law 92-205 shall subject the person violating such rule to a fine of not more than $10,000, upon conviction thereof.

1. PROJECT OR ACTIVITY DESIGNATION, IF ANY

2. DATES OF PROJECT
   a. DATE FIRST ACTUAL WEATHER MODIFICATION ACTIVITY IS TO BE UNDERTAKEN
   b. EXPECTED TERMINATION DATE OF WEATHER MODIFICATION ACTIVITIES

3. PURPOSE OF PROJECT OR ACTIVITY

4. (a) SPONSOR

   NAME
   AFFILIATION
   PHONE NUMBER
   STREET ADDRESS
   CITY
   STATE
   ZIP CODE

4. (b) OPERATOR

   NAME
   AFFILIATION
   PHONE NUMBER
   STREET ADDRESS
   CITY
   STATE
   ZIP CODE

5. TARGET AND CONTROL AREAS (See Instructions)

   TARGET AREA
   CONTROL AREA
   LOCATION
   SIZE OF AREA
   LOCATION
   SIZE OF AREA
   SET
   ZIP CODE
   SET
   ZIP CODE

6. DESCRIPTION OF WEATHER MODIFICATION APPARATUS, MODIFICATION AGENTS AND THEIR DISPERSAL RATES, THE TECHNIQUES EMPLOYED, ETC. (See Instructions)

7. LOG BOOKS
   Enter name, affiliation, address, and telephone number of responsible individual from whom log books or other records may be obtained.

   NAME
   AFFILIATION
   PHONE NUMBER
   STREET ADDRESS
   CITY
   STATE
   ZIP CODE

8. SAFETY AND ENVIRONMENT

   YES  NO
   Has an Environmental Impact Statement, Federal or State, been filed? If yes, please furnish a copy as applicable.
   YES  NO
   Have provisions been made to acquire the latest forecasts, advisories, warnings, etc., of the National Weather Service, Forest Service, or others when issued prior to and during operations? If yes, please specify on a separate sheet.
   YES  NO
   Have any safety procedures (operational constraints, provisions for suspension of operations, monitoring methods, etc.) and any environmental guidelines (related to the possible effects of the operations) been included in the operational plans? If yes, please furnish copies or a description of the specific procedures and guidelines.

9. OPTIONAL REMARKS (See instructions. Use Separate Sheet).

   CERTIFICATION: I certify that all statements in this report on this weather modification project are complete and correct to the best of my knowledge and are made in good faith.

   NAME OF REPORTING PERSON
   AFFILIATION
   SIGNATURE
   STREET ADDRESS
   OFFICIAL TITLE