

NOAA FORM 17-4 (4-81)		U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION		Form Approved OMB Control No. 0648-0025 Expires 05/31/2024	
<b>INITIAL REPORT ON WEATHER MODIFICATION ACTIVITIES</b>  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.				Complete in accordance with instructions on reverse and forward one copy to: National Oceanic and Atmospheric Administration Office of Oceanic and Atmospheric Research 1315 East-West Highway, WWMC-3, Rm 11216 Silver Spring, MD 20910	
1. PROJECT OR ACTIVITY DESIGNATION, IF ANY			2. DATES OF PROJECT		
3. PURPOSE OF PROJECT OR ACTIVITY			a. DATE FIRST ACTUAL WEATHER MODIFICATION ACTIVITY IS TO BE UNDERTAKEN  b. EXPECTED TERMINATION DATE OF WEATHER MODIFICATION ACTIVITIES		
4. (a) SPONSOR			4. (b) OPERATOR		
NAME			NAME		
AFFILIATION		PHONE NUMBER	AFFILIATION		PHONE NUMBER
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
5. TARGET AND CONTROL AREAS (See Instructions)					
TARGET AREA			CONTROL AREA		
LOCATION		SIZE OF AREA SQ. MI	LOCATION		SIZE OF AREA SQ. MI
6. DESCRIPTION OF WEATHER MODIFICATION APPARATUS, MODIFICATION AGENTS AND THEIR DISPERSAL RATES, THE TECHNIQUES EMPLOYED, ETC. (See Instructions)					
7. LOG BOOKS <i>Enter name, affiliation, address, and telephone number of responsible individual from whom log books or other records may be obtained.</i>					
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 ( <i>operational constraints, provisions for suspension of operations, monitoring methods, etc.</i> ) and any environmental guidelines ( <i>related to the possible effects of the operations</i> ) 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).					
<b>CERTIFICATION:</b> 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	

CITY	STATE	ZIP CODE	DATE	PHONE NUMBER
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