

Complete in accordance with instructions on reverse and forward copy:				Form Approved: OMB No. 0648-0025 Expires 09/30/2014			
TO: National Oceanic and Atmospheric Administration Office of Oceanic and Atmospheric Research 1315 East-West Highway SSMC-3 Room 11216 Silver Spring, MD 20910				NOAA FORM 17-4 (4-81) U.S. DEPARTMENT OF COMMERCE NAT'L OCEANIC AND ATMOSPHERIC ADM. INITIAL REPORT ON WEATHER MODIFICATION ACTIVITIES (P.L. 205, 92 ND . CONGRESS)			
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			
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: Enter name, affiliation, address, and telephone number of responsible individual from whom log books or other records may be obtained.							
NAME				THIS REPORT IS REQUIRED BY PUBLIC LAW 92-205; 85 STAT 735; 15 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.			
AFFILIATION			PHONE NUMBER				
STREET ADDRESS							
CITY		STATE	ZIP CODE				
8. SAFETY AND ENVIRONMENT							
<input type="checkbox"/> YES		<input type="checkbox"/> NO		Has an Environmental Impact Statement, Federal or State been filed? If yes, please furnish a copy as applicable.			
<input type="checkbox"/> YES		<input type="checkbox"/> 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.			
<input type="checkbox"/> YES		<input type="checkbox"/> 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.)							
NAME				CERTIFICATION: I certify that the above statements are true, complete and correct to the best of my knowledge and belief.			
AFFILIATION				SIGNATURE			
STREET ADDRESS				OFFICIAL TITLE			
CITY		STATE	ZIP CODE	DATE		PHONE NUMBER	