

STATE OF IDAHO DEPARTMENT OF AGRICULTURE  
P. O. Box 790 Boise, Idaho 83701

APPLICATION FOR REGISTRATION TO PRODUCE ARTIFICIAL RAINFALL

IN THE STATE OF IDAHO

Name: \_\_\_\_\_  
(individual, association, firm or corporation)

Address: \_\_\_\_\_

Name of individual, firm, association or corporation by whom hired:  
\_\_\_\_\_

Address: \_\_\_\_\_

Location of area where rain is wanted: \_\_\_\_\_

Time at which seeding will be done: Date: \_\_\_\_\_

List (use separate sheet if necessary) in COMPLETE DETAIL:

Method to be used: \_\_\_\_\_  
\_\_\_\_\_

Chemicals to be used: \_\_\_\_\_

Equipment to be used: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

NOTE: Upon completion of the project, a full report of the results and activities in the production of artificial rainfall must be filed with the Idaho State Department of Agriculture.

-----  
When registration is accepted, duplicate copy of application will be signed and returned to you.

IDAHO DEPARTMENT OF AGRICULTURE

By \_\_\_\_\_  
(Signature)

Date \_\_\_\_\_

\_\_\_\_\_  
(Title)

No. \_\_\_\_\_

Original: Office  
Duplicate: Applicant