

Instructions for Completion:

Organisations requesting a licence must complete Part 1.
Users from that organisation requiring access to the CABLE code repository need to individually complete Part 2.

Individuals can apply for their own licence by completing Part 2 only, provided that they can warrant the use of their Improvements as stated in clause 6.3 of the licence.

Part 1 – Organisation to complete:

Name of Licensee organisation:

ABN:

Name of contact: _____ Dr. _____ Reto _____ Stöckli _____
(Title) (First name) (Last name)

E-mail: _____reto.stoeckli@meteoswiss.ch_____

Telephone number: _+41 44 256 92 73_____

Postal Address for notices:

Federal Office of Meteorology and Climatology MeteoSwiss, Krähbühlstrasse 58, 8044 Zürich
Switzerland

By submitting this signed Form, the Licensee represents that:

- i) it has read and accepted the current Software Licence Terms for CABLE located at <http://www.cawcr.gov.au/projects/access/cable/index.php> and
- ii) its Permitted Users are those users who have completed Part 2 of this Form and anyone else to whom the Licensee and/or the Licensee contact has granted CABLE access pursuant to the Software Licence Terms.

.....


Signed by an authorised representative

for the Licensee

.....
Reto Stöckli, Dr.

Name and title

.....
Witness

.....
Name

.....
2013/04/02

Date

Part 2 – User to complete:


Name of user: Reto Stöckli

Address: Federal Office of Meteorology and Climatology MeteoSwiss, Krähbühlstrasse 58, 8044 Zürich Switzerland

Email: reto.stoeckli@meteoswiss.ch

Telephone number: +41 44 256 92 73

(Please note that the above details may be posted on the **list of CABLE users** page and used by CSIRO in accordance with the [Software Licence Agreement](#).)

NCI login (if you already have a NCI user account): 

Please select one of the following:

(a) ☒ I am requesting an individual CABLE licence

(b) ☐ I am requesting a User account under my Organisation's CABLE licence

If you have selected (b), please state which Organisation:

☐ Student

☒ Employee

☐ Other (please state)

If you are a student, please provide supervisor contact information (these would not appear in the **list of users** page). Your supervisor's signature is also required to indicate that they approve your registration.

Name of supervisor:

Position in organisation:

Address:

Email:

Telephone number:

Supervisor's signature:

Date:

From where or whom did you hear about the CABLE model?

Ray Lenning

Please provide a short description of your intended use of CABLE and anticipated intended research results (including proposed publication time frames, if any).

Inclusion in the model form FLUXNET evaluation tool for LSM's

I have read and will comply with the [Software Licence Agreement](#) and the Guidelines for users and developers of CABLE:

Signed:

Date:

[Signature]

2017/04/02