

**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: \_\_\_\_\_  
(Title) (First name) (Last name)

E-mail: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Postal Address for notices:

\_\_\_\_\_  
\_\_\_\_\_

**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*

.....  
*Witness*

.....  
*Name and title*

.....  
*Name*

.....  
*Date*

## Part 2 – User to complete:

Name of user: Veronica D. Barraza Bernadas

Address: Av. Intendente Guiraldes s/n. Ciudad Universitaria. Pabellon IAFE

Email: vdbarraza@gmail.com

Telephone number: 54-11-4783-2642

(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: Dr. Francisco Grings

Position in organisation: Research Associate

Address: Av. Intendente Guiraldes s/n. Ciudad Universitaria. Pabellon IAFE

Email: verderis@gmail.com

Telephone number: 54-11-4783-2642

Supervisor's signature:

Date: 30-04-2013



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

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

We are a remote sensing group, who are working with passive microwave and optical observations.

My main research interest lies in the analysis of satellite imagery to assess vegetation response to climate variability. I'm doing my PHD in investigating how satellite-derived vegetation indexes can be applied in large-scale studies to estimate evapotranspiration for forest areas in Argentina using passive data.

In this context, we are really interesting to use your model.

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

Signed:



Date: 30-04-2013

## **Registration Form for using CABLE**

Send the completed registration form via email to [cable\\_help@nf.nci.org.au](mailto:cable_help@nf.nci.org.au)