Part 2 – User to con	nplete:		
Name of user: Huqian	g Zhang		
Address: 700 Collins St., CAWCR/Bureau of Meteorology			
Email: h.zhang@bom	.gov.au		
Telephone number: 03	3 9669 4440		
	above details may be posted nce with the <u>Software Licenc</u>		ABLE users page and used
NCI login (if you alrea	dy have a NCI user account	): hqz548	
Please select one of t	he following:		
(a) x☐ I am requ	esting an individual CABLE	licence	
(b) 🗌 I am reque	sting a User account under	my Organisation's	CABLE licence
If you have selected (I	b), please state which Orgar	nisation:	
Student	x∏ Employee ☐	Other (please sta	te)
	lease provide supervisor col our supervisor's signature is		(these would not appear in the indicate that they approve
Name of supervisor:			
Position in organisation	n:		
Address:			
Email:	ail: Telephone number:		
Supervisor's signature	<b>:</b> :	Date	:
	**********	******	****
From where or whom	did you hear about the CAB	LE model?	
CAWCR			
	t description of your intende iding proposed publication ti		
CABLE for NWP app	lication		
I have read and will ousers and developer	comply with the <u>Software</u>	Licence Agreem	ent and the Guidelines for
Signed:		Date:	21/10/2014
Send the c	ompleted registration form v	ia email to <u>cable</u>	,