Part 2 - User to con	nplete:		
Name of user: Greg R	off		
Address: Australian B	ureau of Meteorology	, 700 Collins Stre	eet, Melbourne
Email: g.roff@bom.go	v.au		
Telephone number: (0	3) 9669 4822		
(Please note that the aby CSIRO in accordan			st of CABLE users page and used ent.)
NCI login (if you alrea	dy have a NCI user a	ccount): glr548	
Please select one of the	ne following:		
(a) 🗌 I am reque	sting an individual CA	BLE licence	
(b) ⊠ I am reque	sting a User account (	under my Organi	sation's CABLE licence
If you have selected (I	o), please state which	Organisation: A	ustralian Bureau of Meteorology
Student	⊠ Employee	Other (ple	ase state)
			mation (these would not appear in the ired to indicate that they approve
Name of supervisor:			
Position in organisatio	n:		
Address:			
Email:	Telephone number:		
Supervisor's signature	d.		Date:
	******	******	******
From where or whom	did you hear about the	e CABLE model?	?
From previous ACCES	SS development.		
Please provide a shor research results (inclu			ABLE and anticipated intended s, if any).
I will be helping to imp	lement CABLE in the	Transpose-AMIF	ramework.
I have read and will o users and developer			greement and the Guidelines for
Signed:	m / Rett	Date:	Friday 5 December 2014

Send the completed registration form via email to <a href="mailto:cable\_help@nf.nci.org.au">cable\_help@nf.nci.org.au</a>