

**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: Jet Propulsion Laboratory

ABN:

Name of contact: Dr. Joshua Fisher  
(Title)

(First name)

(Last name)

E-mail: Joshua.B.Fisher@jpl.nasa.gov

Telephone number: 1-818-354-0934

Postal Address for notices:

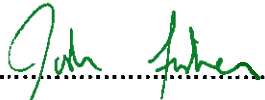
Dr. Joshua Fisher

4800 Oak Grove Dr, M/S 233-304

Pasadena, Ca, USA 91109-8099

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: Gary Block

Address: 4800 Oak Grove Dr, M/S 168-200, Pasadena, Ca. USA 91109-8099

Email: gblock@jpl.nasa.gov

Telephone number: 1-818-393-6701

(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): 105544

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:

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From where or whom did you hear about the CABLE model? Dr Joshua Fisher, JPL

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 using the Cable Model in a model inter-comparison project being conducted at JPL

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

Signed: Gary Block

Date: April 22, 2013

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