

University Corporation for Atmospheric Research

NATIONAL CENTER FOR ATMOSPHERIC RESEARCH • UCAR OFFICE OF PROGRAMS

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Accepted by:
**University Corporation for Atmospheric
Research**

By execution hereof, the signer hereby certifies that
signer is duly authorized to execute this on behalf
of:

Name _____
Phone _____
Fax _____

(Authorized Signature)
/(Date)

(Authorized Signature)
/(Date)

(Print or Type Name)

(Print or Type Name)

(Title)

(Title)