

# LASER USER REGISTRATION FORM

**1. General Information:**

**DATE:**

First Name: _____	Last Name _____
Title: _____	Department: _____
Office: _____	Phone Number: _____
E-mail: _____	

**2. Laser Use Experience** (Type, Class, Research or Industrial, In or Outdoor):


**3. Laser Safety Training** (Date, Place, and Description):


**4. Laser System to be used** (Type, Class, Model, Serial #, Location, Research or Industrial, In or Outdoor):


*(Note: Attach Form 2: Laser System Registration for each listed item)*

**5. Purpose of Use:**


**6. Status applying for** *(Note: Fill in Section # 7 if you applying for Registered Laser User Status):*

**Registered Laser User (Supervisor)**  **Individual Laser User**

**7. Supervised Personnel (Individual Laser Users/Students)**

Name (First, Last) / Title: _____
<i>Contact Information (Department, Office, Phone Number, E-mail)</i>
Name (First, Last) / Title: _____
<i>Contact Information (Department, Office, Phone Number, E-mail)</i>
Name (First, Last) / Title: _____
<i>Contact Information (Department, Office, Phone Number, E-mail)</i>