

LASER PERMIT:

Application to become an Authorized User of CLASS 3B and/or CLASS 4 Lasers or Laser systems

Applicant Information: Please attach an updated resume/CV to this application

Name_____ Work Phone: _____

				partment:			
Email Address	:						
List of Lase	rs in the lab:						
Class (ex. 3b)	Model	Power	Wavelengt (nm)	th Pulse freq.	Pulse Duration	Type (ex. Nd:Yag	*Eyewear OD Required
*OD require	d: completed by R	adiation Sa	fety Office (user	leave this secti	on blank)		
Wavelength (nm)	Optical			Optical Density (O		velength (nm)	Optical Density (OD)
Summary of	Recent Laser	Safety T	raining:				
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