



Division of Safety and Health
 License and Certification, Room 161A
 State Office Campus, Bldg. 12
 Albany, NY 12226
 (518) 457-2735

Department of Labor use only
Control #: _____
Registration # _____
Expiration date: _____

Registration of Laser Installations and Mobile Lasers

Complete the form.

1. Name of owner (firm or lessee)			
2. Owner's address	Zip code	County	Telephone number ()
3. Address where laser will be used, if different from above	Zip code	County	Telephone number ()
4. Type of business			

5. Laser Equipment Inventory List. Use additional sheets if necessary.

New	Renewal DOL Registration #	Fixed or Mobile	Manufacturer	Model no.	Location of Fixed installation	Purpose or use

Check this box if you used additional sheets.

6. Laser Safety Officer information

Name: _____ Title: _____

Business address: _____

Phone: () _____

Qualifications:

7. Certification

I certify that the information given on this form and on any attached supplements is true and correct to the best of my knowledge and belief.

 Name (Print or type) Title

 Signature Date