

MANUFACTURER'S LASER DEVICE REGISTRATION FORM

(PLEASE SUBMIT A SEPARATE FORM FOR EACH SEPARATE LOCATION)

NAME OF MANUFACTURER: _____ **PHONE ()** _____ - **EXT.** _____

STREET: _____ **CITY** _____ **STATE** _____ **ZIP** _____ **COUNTY** _____

ADDRESS OF MANUFACTURING LOCATION (IF DIFFERENT FROM ABOVE) _____

STREET: _____ **CITY** _____ **STATE** _____ **ZIP** _____ **COUNTY** _____

NAME OF LASER SAFETY OFFICER: _____ **PHONE ()** _____ - **EXT.** _____

STREET: _____ **CITY** _____ **STATE** _____ **ZIP** _____ **COUNTY** _____

DESCRIPTION OF LASER DEVICES MANUFACTURED AT THIS LOCATION (Last Year)

QUANTITY MADE	MEDIUM (Argon, CO ₂ , Nd:YAG, etc.)	CLASS (IIIB or IV)	TYPE (CW or Pulsed)	WAVE LENGTHs (nm)	MAXIMUM OUTPUT (Watts or Joules)	BRAND NAME	MODEL	INTENDED USE (Medical, Construction, Industrial, Research, Entertainment, or Other)

FOR OFFICE USE ONLY

SIGNATURE OF REGISTRANT: _____ **DATE:** _____ **REGISTRATION #:** _____

NAME & TITLE : _____ **EVALUATOR:** _____