



New York State Department of Labor
 Division of Safety and Health
 Industry Inspection Bureau, Radiological Health
 75 Varick Street, 7th Floor
 New York NY 10013
 Phone: (212) 775-3567
 Fax: (212) 775-3559

Notice of Intent to Use Mobile Lasers at Temporary Job Site(s)

Please e-mail this notice to Labor.sm.industry.dosh@labor.ny.gov or mail to the address given above.

1. Laser Registration Number		
2. Name of firm		
3. Address of firm. Include zip code.		
4. Address(es) of job location(s)		
a.		
b.		
c.		
d.		
e.		
5. Work Schedule		6. Responsible Personnel at Site
Date	Time	Certified Mobile Laser Operator
a.	a.	a.
b.	b.	b.
c.	c.	c.
d.	d.	d.
e.	e.	e.

Signature of officer of firm

Title

Date

Office Use Only

7. Field Inspection <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Date	9. In compliance		10. Violations
		Yes	No	
Location Number				