



**Department of Labor**

Division of Safety and Health  
License and Certification, Room 161A  
State Office Campus, Bldg. 12  
Albany, NY 12240  
(518) 457-2735

<b>Department of Labor use only</b>
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