



New York State Department of Labor
 Division of Safety and Health
 License & Certificate Unit, Room 161A
 State Office Campus, Building 12
 Albany, NY 12240

Labor Department Use Only	
Rec. date	_____
Fee	_____
Cert. #	_____
Class	_____
Expires	_____

Application for a Laser Operator's Certificate of Competence

Check one: New Renewal

Please type or print all answers

1. Social Security Number	2. NYS Dept. of Motor Vehicles Driver License or ID Number	3. Date of Birth M/D/Y
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4. Last name of applicant	First name	Middle initial
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5. Number and Street	City, Town, Village	State	ZIP	County
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6. Area Code and Phone Number 6a.Home:	6b. Cell:	6c. E-mail:
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7. Physical characteristics

a. Height: _____ ft. _____ in. b. Weight: _____ lbs. c. Hair color: _____ d. Eye color: _____

8. Do you have a physical condition that might affect your ability to handle or use a mobile laser? Examples include (but are not limited to) epilepsy, heart disease or an uncorrected defect in vision or hearing

No Yes If "Yes", please explain. (Attach additional sheet if needed.)

9. Are you under an obligation to pay child support? If "Yes," complete items 1-4 below. Yes No

- | | |
|---|--|
| 1. I am making payments in accordance with a plan agreed upon by the parties. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I am four months or more behind in child support payments. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. My child support obligation is pending a court proceeding. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I am receiving public assistance or supplemental security income. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

10. What category of Certificate of Competence is requested? Check correct box.

- Class A - The holder can operate any low-intensity mobile laser.
 Class B - The holder can operate any high-intensity or low-intensity mobile laser.

11. Training. List any laser training courses which you have completed. Attach additional sheets if needed.

Dates of training	Sponsor of training course	Location of training	Name of instructor

12. Laser related experience. Renewal applicants must update for past 3 years only.

Dates of employment From: To:	Employer's name, mailing address and Laser Safety Officer name	Lasers used mfg. and model	Job duties related to the use, handling and operation of lasers

I swear or affirm as true under penalties of perjury, that all the statements and information I have provided in this application are true to the best of my knowledge and belief. I further acknowledge that intentional submission of any false or misleading information to the Department of Labor in furtherance of this application may constitute a crime and/or provide grounds for the revocation of this license/certificate.

To complete this form, you must provide certain personal information. The authority to collect this information is found in the New York State Labor Law. We will maintain this information and use it to process the application you are filing with the License & Certificate Unit. If you don't provide this information, we cannot process your application.

I understand that by signing this, I grant permission to the Commissioner of Labor to provide access to my Unemployment Insurance (UI) benefit file.

I authorize the DOL and the DMV to produce an ID card bearing my DMV photo. I understand that DOL will send this card to the address I maintain with DOL. I also understand that DOL and DMV will use my photo to manufacture all my subsequent ID cards for as long as I maintain my license/certification with the DOL.

Date

Signature

Submittal instructions:

- Enclose a money order for **\$150** made out to the Commissioner of Labor.
- Send the payment with the completed application to the address at the top of the form.