



New York State 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>
Fee: _____
Control #: _____
Registration # _____
_____
Expiration date: _____

## Registration of Laser Installations and Mobile Lasers

Complete the form. Submit with a check or money order for \$600.00 for each laser installation and for each mobile laser. Make it payable to the Commissioner of Labor.

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 and phone number: \_\_\_\_\_  
 \_\_\_\_\_ ( )

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