

Laser Registration Transfer Form

This form provides notice of relocation of a Class 3B or 4 laser system to or from an off-campus location, and supplies the information needed for transfer of the laser registration to the new site. This form applies to all lasers including those that are already registered with the Environmental Health & Safety.

PI Name:

Permit #:

Laser Safety Supervisor:

Laser Information:

Manufacturer:

Model:

Serial Number:

Wavelength(s):

If other, please specify:

Max. output power/energy:

Pulse Rate (Hz):

Pulse Length:

System or device in which the laser is housed (if applicable):

Laser class during normal operation of the system: Class Normal

Laser class during alignment procedures (if applicable): Class Align

Laser Procedure (SOP) Title:

Registration transfer information:

Anticipated date of relocation: _____

From (current location):

To (new location):

Collaborator(s) at new location:

Name:

Permit #:

Institution:

College / School / Dept.

Additional information: