



# MANUFACTURER'S LASER DEVICE REGISTRATION FORM

(PLEASE SUBMIT A SEPARATE FORM FOR EACH SEPARATE LOCATION)

DOH Radiation Control  
4052 Bald Cypress Way, Bin C21  
Tallahassee, FL 32399-1741  
(850) 245-4266

NAME OF MANUFACTURER: \_\_\_\_\_ PHONE (    )    -    EXT. \_\_\_\_\_

STREET: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

ADDRESS OF MANUFACTURING LOCATION (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

STREET: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

NAME OF LASER SAFETY OFFICER: \_\_\_\_\_ PHONE (    )    -    EXT. \_\_\_\_\_

STREET: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

## DESCRIPTION OF LASER DEVICES MANUFACTURED AT THIS LOCATION (Last Year)

QUANTITY MADE	MEDIUM (Argon, CO <sub>2</sub> , Nd:YAG, etc.)	CLASS (IIIB or IV)	TYPE (CW or Pulsed)	WAVE LENGTHs (nm)	MAXIMUM OUTPUT (Watts or Joules)	BRAND NAME	MODEL	INTENDED USE (Medical, Construction, Industrial, Research, Entertainment, or Other)

FOR OFFICE USE ONLY

SIGNATURE OF REGISTRANT: \_\_\_\_\_ DATE: \_\_\_\_\_ REGISTRATION #: \_\_\_\_\_

NAME & TITLE : \_\_\_\_\_ EVALUATOR: \_\_\_\_\_