

**LASER PERMIT:**  
**Application to become an Authorized User of**  
**CLASS 3B and/or CLASS 4 Lasers or Laser systems**

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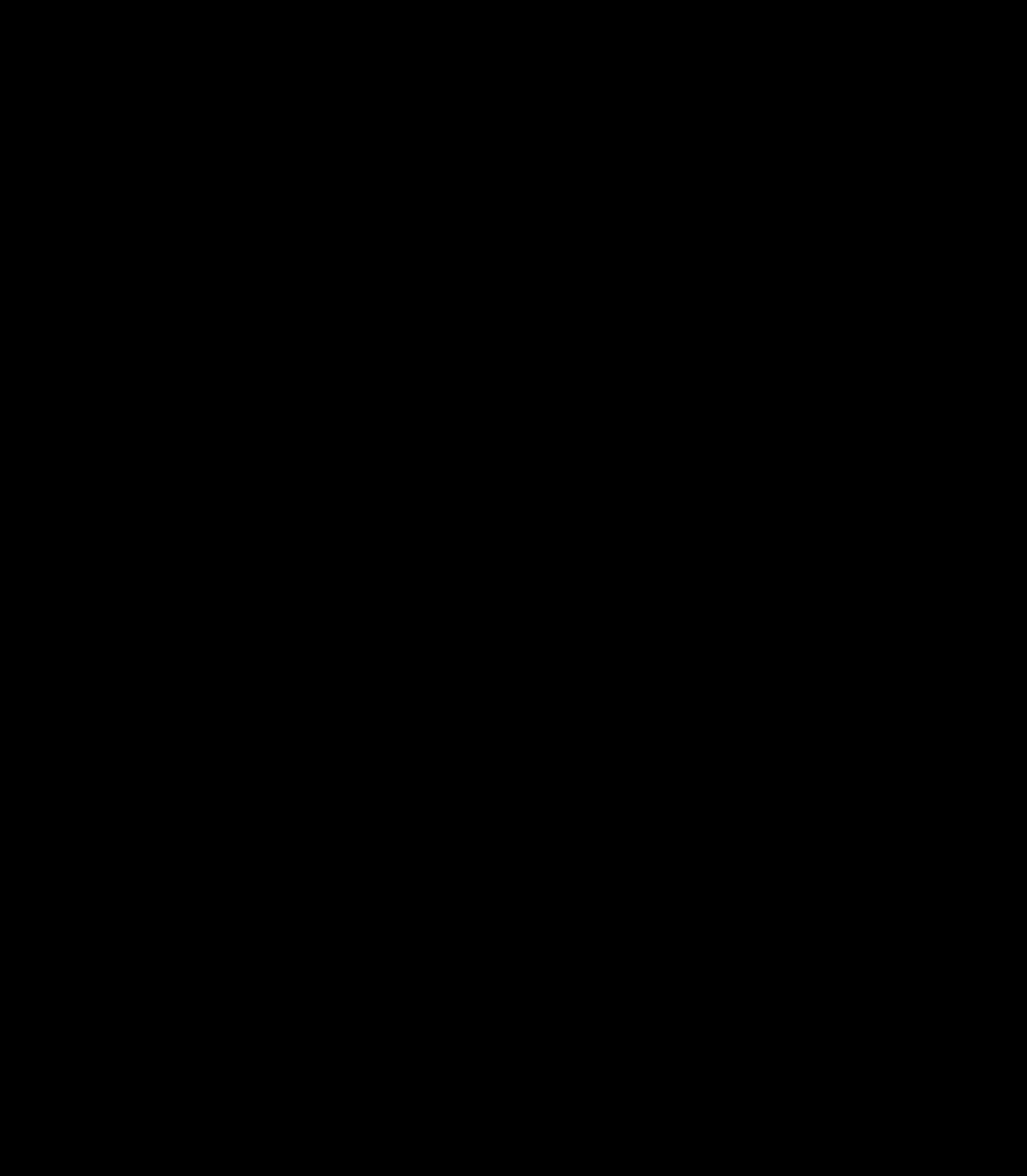
**Applicant Information:** *Please attach an updated resume/CV to this application*

Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

Lab Location: \_\_\_\_\_ Department: \_\_\_\_\_

Email Address: \_\_\_\_\_

**List of Lasers in the lab:**



**\*Eyewear  
OD  
Required**