



# Laser Registration Form

## Permittee

Title

Name:

UTEP Email

UTEP ID

Department

Office Location:

Mail Code

Phone Numbers: Office

Home

Fax

Cell

Alt

Check if you experiments use animal subjects

Check if your experiments use human subjects

Comments/Notes

## Laser Safety Supervisor (LSS)

Title

Name:

UTEP Email

UTEP ID

Department

Office Location:

Mail Code

Phone Numbers: Office

Fax

Cell

Comments/Notes



### Laser Information

Location Location Phone

Manufacturer

Model Serial # UTEP Inventory #

Type Class: **Note: Class 1,2, and 3a do not require registration**

Operational Wavelengths (nm): Typical Ranges

Beam Diameter at aperture (mm) Beam Divergence (mrad)

Mode of Operation

### For Continuous Wave

|              | Units: | Typical: | Maximum: | Minimum: |
|--------------|--------|----------|----------|----------|
| Power Level: |        |          |          |          |

### For Pulse

|                  | Units: | Typical: | Maximum: | Minimum: |
|------------------|--------|----------|----------|----------|
| Pulse Duration:  |        |          |          |          |
| Repetition Rate: |        |          |          |          |
| Energy/Pulse:    |        |          |          |          |

Comments/Notes: