

**UNIVERSITY OF NEVADA, LAS VEGAS
RADIOLOGICAL SAFETY OFFICE
4505 MARYLAND PARKWAY, LAS VEGAS, NEVADA 89154-1042
Phone (702) 895-4226 FAX (702) 895-4690**

Laser User Registration

1. General Information:

DATE:

| | |
|-------------------|---------------------|
| First Name: _____ | Last Name _____ |
| Title: _____ | Department: _____ |
| Office: _____ | Phone Number: _____ |
| E-mail: _____ | |

2. Laser Use Experience (Type, Class, Research or Industrial, In or Outdoor):

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3. Laser Safety Training (Date, Place, and Description):

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4. Laser System to be used (Type, Class, Model, Serial #, Location, Research or Industrial, In or Outdoor):

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(Note: Attach Form 2: Laser System Registration for each listed item)

5. Purpose of Use:

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6. Status applying for *(Note: Fill in Section # 7 if you applying for Registered Laser User Status):*

Registered Laser User (Supervisor) Individual Laser User

7. Supervised Personnel (Individual Laser Users/Students)

| | |
|---|--|
| Name (First, Last) / Title: _____ | |
| <i>Contact Information (Department, Office, Phone Number, E-mail)</i> | |
| Name (First, Last) / Title: _____ | |
| <i>Contact Information (Department, Office, Phone Number, E-mail)</i> | |
| Name (First, Last) / Title: _____ | |
| <i>Contact Information (Department, Office, Phone Number, E-mail)</i> | |