

# University of Florida Laser Registration Form

All Class 3b and 4 lasers and laser systems are required to be registered with the Radiation Control Department. Complete one form for each laser or laser system to be registered and submit using the button at the end of this form.

## Contact Information

Principal Investigator's Name: \_\_\_\_\_  
Principal Investigator's Phone: \_\_\_\_\_  
Principal Investigator's Email: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_  
Department: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Laser Operators: \_\_\_\_\_  
\_\_\_\_\_

## Laser Information

Building: \_\_\_\_\_  
Room: \_\_\_\_\_  
Laser Manufacturer: \_\_\_\_\_  
Model Number: \_\_\_\_\_  
Serial Number: \_\_\_\_\_  
UF Identification Number: \_\_\_\_\_  
Laser Type (ND: YAG, etc.): \_\_\_\_\_  
Classification (3b or 4): \_\_\_\_\_  
Operational Wavelengths (nm): \_\_\_\_\_  
Beam Diameter (mm): \_\_\_\_\_  
Beam Divergence (mrad): \_\_\_\_\_

Continuous Wave Max Power (W): \_\_\_\_\_  
 Pulsed Joules/Pulse: \_\_\_\_\_ Repetition Freq: \_\_\_\_\_  
 Q-Switched Pulse Width: \_\_\_\_\_

Briefly explain purpose or use:

Comments:

*Forward Completed form via Online Submit (preferred), Campus Mail, Email or Fax:*

Online Submit:  
<button>

Campus Mail:  
Laser Safety Officer  
POB 100252

Email:  
[lso@ehs.ufl.edu](mailto:lso@ehs.ufl.edu)

Fax:  
(352) 846-1626