

## Application for LASER Use Authorization

**This form is to be used for all class 3B and 4 LASERs. A separate form is required for each laser. Please complete and return form via email to the Chemical Hygiene Officer [rmagallanes@csudh.edu](mailto:rmagallanes@csudh.edu)**

Submittal Date:	
Responsible User:	
Department:	
Building/Room # where laser is used:	
Phone:	

### Description of LASER experiment (s)

### Laser Information

Laser Make:			
Laser Model			
Serial #:			
Laser Type:			
<b>Laser Classification</b>			
<input type="checkbox"/> Class 3B	<input type="checkbox"/> Class 4	<input type="checkbox"/> Unlabeled	

### Pulsed

Wavelength (nm):		Max Energy (J)	
Pulse Duration (sec):		Average Energy (J)	
Pulse Frequency (Hz):			

### Continuous or Constant Wave (CW)

Wavelength (nm):	
Max Power (W):	
Average Power (W):	

### Other LASER info if known

Beam diameter at aperture (mm):	
Beam divergence (mrad):	
Beam shape: circular, oval, square:	

**Applicant Signature**

**Laser Safety Officer Signature**

**Date**

**Date**