



**LASER REGISTRATION APPLICATION**  
 (Only Class 3b and Class 4 need be Registered)  
 MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
 RADIATION CONTROL PROGRAM

**SEND APPLICATIONS TO:**  
 Schrafft Center, Suite 1M2A  
 529 Main Street, Charlestown, MA 02129  
 Phone: (617)-242-3035 Fax: (617) 242-3457  
 Email: [william.sellers@state.ma.us](mailto:william.sellers@state.ma.us)

<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT <input type="checkbox"/> RENEWAL
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If Applicable, Laser Registration Number: \_\_\_\_\_

<p align="center"><b><u>MAILING ADDRESS</u></b></p> <p>Legal Name of Business / Facility / Individual: _____</p> <p>Mailing Address: _____</p> <p>City, State &amp; Zip: _____</p>	<p align="center"><b><u>LASER LOCATION (if different than Mailing Address)</u></b></p> <p>(NOTE: Submit separate application for each additional <u>laser location</u>)</p> <p>Physical Address: _____</p> <p>City, State &amp; Zip: _____</p> <p>Phone: _____</p>									
<p align="center"><b><u>REGISTRATION CONTACT PERSON</u></b></p> <p>Contact Person: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p align="center"><b><u>LASER SAFETY OFFICER*</u></b></p> <p>LSO Name: _____</p> <p>Address: _____</p> <p>(if different than above) _____</p> <p>City, State &amp; Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>									
<p><b><u>Nature of Laser Use (i.e., Facility Type):</u></b></p> <table> <tr> <td><input type="checkbox"/> Medical</td> <td><input type="checkbox"/> Veterinary</td> <td><input type="checkbox"/> Manufacturer (i.e., Make &amp; Sell Lasers)</td> </tr> <tr> <td><input type="checkbox"/> Industrial (i.e., non-medical use)</td> <td><input type="checkbox"/> Entertainment (e.g., laser light show)**</td> <td><input type="checkbox"/> Dealer / Distributor (i.e., Sell lasers)</td> </tr> <tr> <td><input type="checkbox"/> Academic</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> Medical	<input type="checkbox"/> Veterinary	<input type="checkbox"/> Manufacturer (i.e., Make & Sell Lasers)	<input type="checkbox"/> Industrial (i.e., non-medical use)	<input type="checkbox"/> Entertainment (e.g., laser light show)**	<input type="checkbox"/> Dealer / Distributor (i.e., Sell lasers)	<input type="checkbox"/> Academic		
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\* Submit LSO qualifications to include education, training, and/or experience for new registrations or LSO change.

\*\* A copy of your valid FDA and/or FAA variance must be submitted with this application.

**Safety Procedures:** By checking the boxes below, you agree that you will abide by the required safety procedures at each facility. Each box **must** be checked or the application will be considered incomplete.

- Use of proper protective eyewear.
- Proper signage, labeling, posting, and barriers.
- Operating and safety procedures and operator's manual readily available.

**Required for Medical Use Lasers:** As a licensed practitioner of the healing arts, I do hereby affirm that I am associated with this applicant and provide supervision to non-board approved practitioners<sup>+</sup> administering laser radiation to human beings. I understand a practitioner's use of a laser is limited to his/her scope of professional practice as determined by the appropriate licensing board.

_____ Signature of Licensed Practitioner***	_____ Massachusetts License No.	_____ Massachusetts State Board Name (e.g., Board of Registration in Medicine, BORIM)	_____ Date
_____ Typed or Printed Name			

\*\*\* The signature of the administrator, President, Chief Executive Officer (CEO) will be accepted in lieu of a licensed practitioner's signature if the facility is a licensed hospital or medical facility with more than one licensed practitioner who may direct the operation of radiation machines.

**Laser Safety Officer:** I hereby accept the responsibilities of Laser Safety Officer as outlined in 105 Code of Massachusetts Regulations §121.000. (Submit qualifications to include education, training, and/or experience for new registrations or LSO change.)

_____ Signature of Laser Safety Officer	_____ Typed or Printed Name	_____ Date
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**Certification:** I certify that I have read and understand the applicable rules and regulations, and agree to comply with them. I understand that it is a violation of Massachusetts laws to submit any false or fraudulent information or documents in order to obtain a registration. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

_____ Signature of applicant or person duly authorized to act on behalf of applicant (e.g., President, CEO, Partner, Owner, etc.)	_____ Typed or Printed Name	_____ Date
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Revised July 23, 2014

**+ Non-board approved practitioners are those whose 'scope of practice', per their respective 'board of registration', does not include the use of lasers.**

### INVENTORY of CLASS 3B and 4 LASERS

	Manufacturer	Model	Class (3B or 4)	Serial Number	Mode <sup>1</sup>	Medium <sup>2</sup>	Use <sup>3</sup>
1							
2							
3							
4							
5							
6							
7							

#### Inventory continued (i.e., Operating Parameters)

	Max. Wave-length (nm)	Tunable (Y/N)	# Emergent Beam Diameter (mm)	# Beam Divergence (mrad)	# (max) Pulse Rep. Freq (Hz)	# (min.) Pulse Duration (s)	# Max. Joules per Pulse	Average Pulsed Power (list unit: mW or mJ)	(Cont. Wave) Max. Power (mW)
1									
2									
3									
4									
5									
6									
7									

Revised July 23, 2014

# - Optional information to be submitted.

Please refer to the below 'Mode', 'Medium', and 'Use' when filling out your Class 3B and 4 Inventory

1 – Mode	2 – Medium (cont.)	2 – Medium (cont.)	2 – Medium (cont.)	
Continuous Wave	Cr:YAG	HeNe	Oxygen	
Cont. Wave & Pulsed	Cr:ZnSe	HeSe	Pm147:Glass	
Pulsed	Cu	HF	Quantum Cascade	
Pulsed - Mode-Locking	DF	Ho:YAG	Rhodamine	
Pulsed - Q-Switch	Diode	HoCrTm:YAG	Ruby	
Pulsed - Scanning	Diode-Pumped Solid State (DPSS)	Hybrid Silicon	Sm:CaF2	
<b>2 - Medium</b>	DPSS – Nd:YAG	InGaAs	Sm:YAG	
Agil	DPSS – Nd:YVO4	InGaAsP	Sr	
Air	DPSS – Ruby	InGaN	Stilbene	<b>3 - Use</b>
Alexandrite	Dy:YAG	InP	Tb:YAG	Educational
AlGaAs	Er:Codoped Glass	Iodine	Tetracene	Entertainment
AlGaInP	Er:Fiber	KrF Excimer	Ti:Sapphire	Industrial
Aluminum Free DPSS	Er:YAG	Krypton	Tm:Fiber	Industrial, Manufacturing
Ar/Kr	Er:YLF	Lead Salt	Tm:YAG	Industrial, Processing
ArF Excimer	ErYb:Codoped Glass	Malachite Green	U:CaF2	Law Enforcement
Argon	F-Center	Nd:Fiber	Umbelliferone	Medical
Au	Fluorescein	Nd:Glass	VCSEL	Medical, Cosmetic
Ce:LiCAF	GaAs	Nd:YAG	XeCl Excimer	Medical, Dental
Ce:LiSAF	GaN	Nd:YCOB	Xenon	Medical, Educational
Ce:YAG	GaSb	Nd:YLF	Yb:Fiber	Medical, Eye
Chrysoberyl	HeAg	Nd:YVO4	Yb:Glass	Optical Fiber Communications
CO	HeCd Gas	NdCe:YAG	Yb:YAG	Research & Development
CO2	HeCd metal vapor	NdCr:YAG	Yb2O3	Veterinary
COIL	HeHg	NeCu		Welding
Copper Vapor	Helium	Nitrogen		
Coumarin				