



**LASER REGISTRATION APPLICATION**  
 (Only Class 3b and Class 4 need be Registered)

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
 RADIATION CONTROL PROGRAM

[www.mass.gov/dph/rcp](http://www.mass.gov/dph/rcp)

**SEND APPLICATIONS TO:**

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

- |                          |               |
|--------------------------|---------------|
| <input type="checkbox"/> | NEW           |
| <input type="checkbox"/> | AMENDMENT     |
| <input type="checkbox"/> | RENEWAL       |
| <input type="checkbox"/> | DEMONSTRATION |

If Applicable, Laser Registration Number: \_\_\_\_\_

<p style="text-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 style="text-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>Date(s) of Use: _____  <small>(Out-of-State Only)</small></p>								
<p style="text-align: center;"><b><u>REGISTRATION CONTACT PERSON</u></b></p> <p>Contact Person: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p style="text-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 style="text-align: center;"><b><u>NATURE of LASER USE (i.e., facility type)</u></b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Medical/Dental</td> <td><input type="checkbox"/> Manufacturer (i.e., make &amp; sell lasers)</td> </tr> <tr> <td><input type="checkbox"/> Veterinary</td> <td><input type="checkbox"/> Industrial (i.e., non-medical use)</td> </tr> <tr> <td><input type="checkbox"/> Academic</td> <td><input type="checkbox"/> Entertainment (e.g., laser light show)**</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Dealer / Distributor (i.e., sell lasers)</td> </tr> </table>		<input type="checkbox"/> Medical/Dental	<input type="checkbox"/> Manufacturer (i.e., make & sell lasers)	<input type="checkbox"/> Veterinary	<input type="checkbox"/> Industrial (i.e., non-medical use)	<input type="checkbox"/> Academic	<input type="checkbox"/> Entertainment (e.g., laser light show)**		<input type="checkbox"/> Dealer / Distributor (i.e., sell lasers)
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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.

Refer to applicable volumes in ANSI Z136 for proper guidance.

- 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, or "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

**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

<sup>+</sup> 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							

<sup>1,2,3</sup> Please refer to the supplement for 'Mode', 'Medium', and 'Use' when filling out the Class 3B and 4 inventory table

## INVENTORY CONTINUED (i.e., Operating Parameters)

#	Max. Wavelength (nm)	Tunable (Y/N)	Beam Diameter (mm) <sup>#</sup>	Beam Divergence (mrad) <sup>#</sup>	Max. Pulse Repetition Freq. (Hz) <sup>#</sup>	Min. Pulse Duration(s) <sup>#</sup>	Max. Joules per Pulse <sup>#</sup>	Average Pulsed Power (mW or mJ)	Continuous Wave Max. Power (mW)
1									
2									
3									
4									
5									
6									
7									

<sup>#</sup> Optional information to be submitted

## Supplementary information for INVENTORY table

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