

Albany County Office of Code Enforcement

112 State Street Rm. 830
Albany, New York 12207

Phone (518) 447-5638
Fax (518) 447-5587

Mobile Lasers

Operating Permit Application

NYS Department of Labor certificate of Competence required

Application #: _____

Name of sponsoring organization: _____

Applicant's Address: _____

Contact Person: _____ Phone: _____

Company performing display: _____

Address: _____ Phone: _____

Laser Safety Officer's Name: _____

Address: _____ Phone: _____

Location of Display: _____

Date of Display: _____ Time of Display: _____ Duration of Display: _____

Fire Suppression needs or Fire Suppression provided: _____

Insurance: (One million dollars minimum, provide copy)

Carrier: _____ Policy No. _____ Expiration Date: _____

Certification:

I hereby certify that I have read the **General Requirements for the use of Mobile Lasers**. I have examined this application and know the same to be true and correct. I agree to comply with all provisions of the laws and ordinances for this type of laser whether specified herein or not and I will allow all inspectors full access to storage, assembly and display areas to ascertain that safety provisions have been met. I will also comply with all applicable State and National Fire Codes, including but not limited to the, **New York State Department of Labor 12 NYCRR Part 50 Lasers, New York State Fire Prevention and Building Code**. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state or local law regulating such use or display.

I hereby request a permit for the use of Mobile lasers:

Laser Safety Officer: _____
(Print name)

Date: _____

(Signature)

Permit No. _____ (Office use only)

Date: _____

Operating Permit

- Approved
 Not Approved

By: _____
Code Enforcement Officer

CEO 90