## LASER USE APPLICATION (LUA)

Date:		
Name of Principal Investigator:	Department:	
Phone Number:	Email:	
Name of Laboratory Contact:	Phone Number:	Email:
Location of Laser (building and room):	Date of Manufacture:	
Serial Number: Type of	Type of Lasing Medium / Laser Type:	
Laser Information  Laser Classification Marked on Laser (circle on Continuous Wave Wavelength(s):	Pulsed Wave Wavelength(s):  (W) Pulse Duration:  (W) Pulse Frequency:_  Avg. Op. Power:	(sec) (Hz) (J)
Check all items that apply:  Use of Cryogens  Use of Compressed Gases  High Voltage Power Supplies  High Voltage >30 kVp  Dye Laser  Exposed Beam Paths  High Noise Levels  Laser Cutting/Welding Changes, questions, comments and/or details:	Use of Pumping Beam Focusing ( UCB Fabricated UCB Modified La Freq. Doubling C Tunable Laser Invisible Beam	Optics Laser aser

Attach the appropriate protocol(s) or SOP to this Permit Application along with subsequent annually review documentation and signatures.

Questions? Please call the Radiation Safety Officer at (251) 460-7063.