Laser Permit Amendment

Permit Information

Principal Investigator: _______________________________________
Permit Number: ___________________________________________
Expiration Date: ___________________________________________
Department: ______________________________________________

I request to make the following amendments to the permit above (select):

□ Laser Inventory (specify):
  □ Add a laser
    All new lasers must be registered with the EHS Office and proper documents must be submitted, including the Registration form, Hazard Assessment, and SOP
  □ Remove a laser:
    Laser Type: ___________________________________________
    Classification: _________________________________________
    Manufacturer: _________________________________________
    Model: _________________________________
    Serial Number: ___________________________

□ Change to Authorized Users
  Submit the current user list for approval

□ Change of location
  Specify the laser: _________________________________
  Building: _______________________________________
  Room: _________________________________________

□ Change Principal Investigator
  Current Principle Investigator:
  Name: ___________________________________________
  Signature: _________________________________
  New Principle Investigator:
  Name: ___________________________________________
  Signature: _________________________________
Other (describe):

___________________________________________________________

Principal Investigator:

Name: _______________________ Signature: _______________________ Date: _________________

Laser Safety Officer:

Name: _______________________ Signature: _______________________ Date: _________________