



Application for a Laser Operator's Certificate of Competence

Use this form to apply for your Laser Operator's Certificate of Competence. Note: If approved, the Certificate is for the person listed in the 'Applicant's Information' section. Each individual in a business must have their own Certificate to be a Laser Operator.

You must provide personal information to complete this form. The authority to collect this information is found in the New York State (NYS) Labor Law. This information will be maintained and used to process the application you are filing with the Division of Safety and Health License & Certificate Unit. Failure to provide this information may result in our inability to process your application.

Applicant's Information, (This must be a person, not a business.)

Last name: _____ First name: _____ Middle initial: _____

Social Security number: _____ Date of birth: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ County: _____

Home phone number: _____ Cell phone number: _____

Email: _____

NYS Department of Motor Vehicles license or Identification (ID) number: _____

Eye color: _____ Hair color: _____ Height: Feet: _____ Inches: _____ Weight: _____

Do you have a physical condition that might affect your ability to handle or use a mobile laser? Examples include (but are not limited to) epilepsy, heart disease or an uncorrected defect in vision or hearing. Yes No

If "Yes", please explain. (Attach additional sheet if needed)

Type of Certificate you are applying for, check one:

New (\$150 non-refundable application fee)

Renewal (\$150 non-refundable application fee), Current Laser Certificate number: _____

Certification of Child Support Obligations

Are you under an obligation to pay child support? Yes No If you answered Yes, complete items 1 through 4.

1. I am making payments in accordance with a plan agreed upon by the parties. Yes No

2. I am four months or more behind in the payment of child support. Yes No

3. My child support obligation is the subject of a pending court proceeding. Yes No

4. I am receiving public assistance or supplemental security income. Yes No

Note: If you are four months or more behind in child support or have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding, you may be subject to suspension of your business, professional and/or driver licenses.

Certificate of Competence Category

What Category of Certificate of Competence is requested? Check correct box.

Class A – The holder can operate any low-intensity mobile laser.

Class B – The holder can operate any high-intensity or low-intensity mobile laser.

Training

List any laser training courses which you have completed. Attach additional sheets if necessary.

Dates of training	Sponsor of training course	Location of training	Name of instructor

Experience

List any laser-related experience. Renewal applicants must update for past 3 years only.

Dates of employment From: To:	Employer's name, mailing address and Laser Safety Officer name	Lasers used - manufacturer and model	Job duties related to the use, handling and operation of lasers.

Acknowledgement

This statement must be signed by the applicant or a representative of the applicant who is authorized to sign on behalf of the company or organization named in this application.

- I swear the information on this form is correct to the best of my knowledge.
- I am aware there are penalties for making false statements.
- I understand that this application is subject to verification
 - I agree to provide any additional documentation as needed.
- I understand outside sources may be contacted to verify information contained in this application. I give permission to the outside sources for the disclosure of any information needed to process this application.
- I approve the Department of Labor (DOL) and the Department of Motor Vehicles (DMV) to produce an identification (ID) card for me using my DMV photo.
 - I understand my DMV photo will be used for all future license and certification ID cards
 - I understand the DOL will send my ID card to the mailing address given above.

Applicant Signature: _____ **Date:** _____

Print Name: _____

To submit this application:

- Please complete and sign this form with black ink. Please type or print clearly.
- **You must include with your application:**
 - **A \$150.00 non-refundable application fee.**
 - Make your check or money order payable to the 'Commissioner of Labor.' Do not send cash.

Do not write in the area below. It is for office use only.

Rec. Date: _____ Fee: _____ Cert. # _____

Class: _____ Expires: _____