



STATE OF NEW YORK  
DEPARTMENT OF LABOR  
DIVISION OF SAFETY AND HEALTH

Mail Stop 7F  
P.O. Box 683  
New York, NY 10014-0683

<input type="checkbox"/> GRANTED	DATE
<input type="checkbox"/> DENIED	
FOR OFFICE USE ONLY	

**APPLICATION FOR RENEWAL OF MOBILE LASER OPERATOR CERTIFICATE OF COMPETENCE**

**(Print or type all answers)**

NOTE: Applicants for a Class B laser operator's certificate of competence must submit a statement from an ophthalmologist containing the results of an eye examination which follows the Eye Examination Protocol included with this application. The eye examination must have been taken within the last 5 months. This does NOT apply to Class A applicants.

1. NAME		2. SOCIAL SECURITY No.		3. DMV LICENSE OR ID No.	
4. LEGAL ADDRESS					5. ZIP CODE
6. WEIGHT	7. HEIGHT FT. IN.	8. COLOR OF EYES	9. COLOR OF HAIR		

10. What is your present New York State Laser Operator Certificate No.?  
 11. How many months of laser operating experience have you had since your last application? \_\_\_\_\_

12. Have you been involved in any accidents while operating a laser which resulted in personal injury or property damage, including damage to the laser?  Yes  No  
 a. If answer if "Yes", explain  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Do you have a physical handicap or illness, such as epilepsy, heart disease, or an uncorrected defect in vision or hearing, that might diminish your competence in relation to the handling or use of Lasers?  
 No  Yes.... If Yes, explain below:

14. *I hereby make application for renewal of my Certificate of Competence as a laser operator and certify that the information on this form is correct to the best of my knowledge. I authorize the DOL and the DMV to produce an ID card bearing my DMV photo. I understand that DOL will send this card to the address I maintain with DOL. I also understand that DOL and DMV will use my photo to manufacture all my subsequent ID cards for as long as I maintain my license/certification with the DOL.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

REMARKS: \_\_\_\_\_ FOR OFFICE USE ONLY

**APPENDIX TO A LICENSE APPLICATION**

**DIRECTIONS:** [The child support obligations (New York State General Obligations Law) does not apply to corporations.]

1. Complete the **CERTIFICATION** section of this form if you are applying for a license or license renewal. The form must be notarized.
2. Complete the **RECERTIFICATION** section of this form if you have previously submitted an Appendix to a License Application, had child support obligations that were not being met, and are now applying for a renewal of your license. The form must be notarized.

<b>APPLICANT</b>	
a. Name	b. Social security number
c. Telephone number	d. List the type of business license being requested
e. Title	f. Business name (if applicable)

**CERTIFICATION**

**ARE YOU UNDER AN OBLIGATION TO PAY CHILD SUPPORT?**    **YES**    **NO**

If yes, complete items 1 - 4.

1. I am four months or more in arrears in the payment of child support .  TRUE    FALSE
2. I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties.  TRUE    FALSE
3. My child support obligation is the subject of a pending court proceeding.  TRUE    FALSE
4. I am receiving public assistance or supplemental security income.  TRUE    FALSE

**RECERTIFICATION**

As required by Section 3-503.3 of the General Obligations Law, I am submitting the following **RECERTIFICATION:**

- I am no longer in arrears in the payment of child support.  TRUE    FALSE
- I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties or repayment plan with the appropriate support collection unit.  TRUE    FALSE
- My child support obligation is the subject of a pending court proceeding.  TRUE    FALSE
- I am receiving public assistance or supplemental security income.  TRUE    FALSE

*I CERTIFY THAT AS OF THE DATE MY LICENSE APPLICATION IS FILED I AM UNDER NO OBLIGATION TO PAY CHILD SUPPORT OR THAT I MEET AT LEAST ONE OF THE REQUIREMENTS LISTED ABOVE.*

SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE (if any) \_\_\_\_\_

(NOTARY PUBLIC)

**PLEASE REVIEW THE INFORMATION PROVIDED ON THE REVERSE**

## CHILD SUPPORT OBLIGATIONS

Section 3 - 503 of the New York State General Obligations Law requires the following:

"2. Every applicant for a license or renewal thereof shall certify in the application in a written statement under oath, duly sworn and subscribed, that as of the date the application is filed he or she is (or is not) under an obligation to pay child support and that if he or she is under such an obligation, that he or she does (or does not) meet one of the following requirements..."

A "LICENSE" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession, and shall also include any registration required by law or agency regulation as a condition for such lawful practice.

**PERSONS WHO ARE FOUR MONTHS OR MORE IN ARREARS IN CHILD SUPPORT OR WHO HAVE FAILED TO COMPLY WITH A SUMMONS, SUBPOENA OR WARRANT RELATING TO A PATERNITY OR CHILD SUPPORT PROCEEDING MAY BE SUBJECT TO SUSPENSION OF THEIR BUSINESS, PROFESSIONAL AND/OR DRIVER'S LICENSES.**

Section 3-503.3 states that an applicant who has child support obligations and who meets one of the requirements in items 1 - 4 may have their license, permit, registration, certificate, approval, etc., issued or renewed.

"...but such license shall expire in six months unless before that time the applicant submits a written certification under oath, duly sworn and subscribed that he or she:

- a. is no longer in arrears in the payment of child support ; or
- b. is making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties or repayment plan with the appropriate support collection unit; or
- c. the child support obligation is the subject of a pending court proceeding; or
- d. he or she is receiving public assistance or supplemental security income.

Upon the submission of such certification, the expiration date of such license shall be governed by the agency's customary practice and no fee, in addition to the initial license application fee, shall be charged unless the six month period has expired.

Section 3-503.5, states in part,

**"... THAT THE INTENTIONAL SUBMISSION OF FALSE WRITTEN STATEMENTS FOR THE PURPOSE OF FRUSTRATING OR DEFEATING THE LAWFUL ENFORCEMENT OF SUPPORT OBLIGATIONS IS PUNISHABLE PURSUANT TO SECTION 175.35 OF THE PENAL LAW."**

NYS DOL REQUIREMENTS FOR EYE EXAMINATIONS  
FOR **CLASS B** CERTIFICATES OF COMPETENCE  
FOR MOBIL LASER OPERATIONS

Section 50.9 of Code Rule 50 specifies that no one suffering from an uncorrected defect in vision, which might diminish his or her competence in operating a mobile laser, shall be certified by the Commissioner. Therefore, before the Department will issue such a certificate to a candidate who has satisfied all other requirements, it must receive evidence that the candidate's ocular function is normal.

Each candidate must submit evidence of satisfactory baseline eye examination, as described in Examination Protocol I below, performed by an ophthalmologist or optometrist. If an abnormality or deviation from acceptable performance is noted, further examination by an ophthalmologist must be performed using Examination Protocol II.

## EXAMINATION PROTOCOL I

1. **Ocular History.** The past eye history and family history are reviewed. Any current complaints concerned with the eyes are noted. Inquiry should be made into the general health status with a special emphasis upon systemic diseases which might produce ocular problems. The current refraction prescription and the date of the most recent examination should be recorded.
2. **Visual Acuity.** Visual acuity for far and near vision should be measured with some standardized and reproducible method. Refraction corrections should be made if required for both distant and near test targets. If refractive corrections are not sufficient to change acuity to 20/20 (6/6) for distance, and Jaeger 1+ for near, a more extensive examination is indicated as defined in Examination Protocol II.
3. **Macular Function.** An Amsler grid or similar pattern is used to test macular function for distortions and scotomas. The test should be administered in a fashion to minimize malingering and false negatives. If any distortions or missing portions of the grid pattern are present, the test is not normal.
4. **Color Vision.** Color vision discrimination can be documented by Ishihara or similar color vision tests.

## EXAMINATION PROTOCOL II

1. **Examination of the Ocular Fundus with an Ophthalmoscope.** This portion of the examination is to be administered to individuals whose ocular function in any Protocol I test is not normal. The points to be covered are: the presence or absence of opacities in the media; the sharpness of outline of the optic disc; the color of the optic disc; the depth of the physiological cup, if present; the ratio of the size of the retinal veins to that of the retinal arteries; the presence or absence of a well-defined macula and the presence or absence of a foveal reflex; and any retinal pathology that can be seen with an ophthalmoscope (hyper-pigmentation, depigmentation, retinal degeneration, exudates, as well as any induced pathology associated with changes in macular function). Even small deviations from normal should be described and carefully localized.
2. **Other Examinations.** Further examinations should be done as deemed necessary by the examiner.