LASER USE AUTHORIZATION (LUA) APPLICATION

Date: ______________________________
LUA # (LSC use only): ________________
Responsible User: ________________________________
Department: ________________________________
Building and room # where laser used: ________________

Names of Laser Users (must be trained prior to starting work)

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Laser Make: __________________________ Laser Model: __________________________
Serial Number: ______________________ Laser Type: ______________________
Laser Classification (X): Class 3B ☐ Class 4 ☐ Unlabeled ☐
CW: Pulsed:
Wavelength (nm): ______________ Wavelength (nm): ______________
Max Power (W): ______________ Pulse Duration (sec): ______________
Average Power (W): ______________ Pulse Frequency (Hz): ______________

Max Energy (J): ______________
Average Energy (J): ______________

Beam diameter at aperture (mm): ______________
Beam divergence (mrad): ______________
Beam shape: circular, oval, square: ______________
Description of Laser Experiment(s): ____________________________________________________________

________________________________________________

Applicant Signature: ________________________________ Date: __________________________