

# LASER SAFETY TRAINING REQUEST

RETURN TO: LASER SAFETY  
[lasersafety@okstate.edu](mailto:lasersafety@okstate.edu) OR  
223 Scott Hall

OFFICE USE ONLY:

Entered By: \_\_\_\_\_ Short Name: \_\_\_\_\_

Training Date: \_\_\_\_\_ Email Sent: \_\_\_\_\_

FULL NAME (*first, middle, last*): \_\_\_\_\_

DATE: \_\_\_\_\_

MALE

FEMALE

CAMPUS WIDE ID (CWID): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

LAB OR OFFICE PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CAMPUS E-MAIL ADDRESS: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

Will user operate Class 3B and/or Class 4 laser(s) unsupervised by PI?

**LASER PERMIT HOLDER ONLY – NOT REQUIRED FOR LAB WORKERS:** PLEASE LIST THE BUILDING(S) AND LAB NUMBER(S) WHERE LASERS WILL BE USED AND INDICATE WHAT CLASS OF LASER (3B and/or 4) WILL BE USED IN EACH LOCATION:

AUTHORIZED USER/PERMIT HOLDER (PRINT): \_\_\_\_\_

AUTHORIZED USER/PERMIT HOLDER (SIGN): \_\_\_\_\_

If submitting electronically, this form must either be signed by the Laser Permit Holder or come from his/her e-mail account. If submitting a printed copy via campus mail, the Permit Holder's signature is required.

\* UPON RECEIPT OF THIS FORM YOU WILL BE GIVEN ACCESS TO THE URC ASSISTANT WEBSITE VIA AN EMAIL CONTAINING YOUR TRAINING REQUIREMENTS AND DUE DATES, AS WELL AS INSTRUCTIONS FOR LOGGING INTO THE SYSTEM.

**PLEASE DIRECT ANY QUESTIONS TO THE LASER SAFETY OFFICE STAFF AT:**

**Email:** [lasersafety@okstate.edu](mailto:lasersafety@okstate.edu)

**Fax:** 405-744-4335

Brandi Simmons  
Radiation Safety Officer  
405-744-7890

Brandon Jordan  
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405-744-3474