

**BOARD OF LASER SAFETY®**

12001 Research Parkway, Suite 210

Orlando, FL 32826

Direct Line: 407.985.3810

Toll Free: 800.34LASER

[bls@lasersafety.org](mailto:bls@lasersafety.org)**APPLICATION FOR CLSO® EXAMINATION 2025****Instructions:**

Fill out this application in its entirety. This form may be photocopied. Please type or print legibly using black ink only.

Do not use "see attached" in lieu of filling out required forms. Failure to properly complete required forms will delay the processing of your application and may result in its rejection.

Initial Application

Reapplication

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

Computer Based Testing Center

Remote Proctoring

Paper &amp; Pencil Exam (see website for list of exam opportunities) : \_\_\_\_\_

(Location)

(Date)

1. Name \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_  
(Prefix) First Middle Last3. Company \_\_\_\_\_ Mailing Address: ☐ Home ☐ Business

4. Mailing Address \_\_\_\_\_

5. Home Telephone \_\_\_\_\_ 6. Business Telephone \_\_\_\_\_

7. E-mail \_\_\_\_\_ 8. Cell Phone \_\_\_\_\_

9. Secondary E-mail \_\_\_\_\_

**10. Education**

Institution	Major	Minor	Years of Attendance	Degree	Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**11. Additional education and training related to Laser Safety. Please provide copies of certificates.**

Institution	Course Title	Course Length	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Laser Safety Officer Course Taken – Please provide copy of the certificate.

\_\_\_\_\_

Date

\_\_\_\_\_

Sponsoring Organization

☐ Applying for exemption to LSO course - supporting explanation attached with application.

13. Professional Experience. Start with your most recent position. Information must be provided on this form. Be concise but complete.

Current Position \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Position/Title \_\_\_\_\_ Percent Time in Laser Safety Practice \_\_\_\_\_

Immediate Supervisor(s) \_\_\_\_\_

Name

Title

From mo/yr

To mo/yr

\_\_\_\_\_

Name

Title

From mo/yr

To mo/yr

Description of Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next Previous Position \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Position/Title \_\_\_\_\_ Percent Time in Laser Safety Practice \_\_\_\_\_

Immediate Supervisor(s) \_\_\_\_\_

Name

Title

From mo/yr

To mo/yr

\_\_\_\_\_

Name

Title

From mo/yr

To mo/yr

Description of Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Professional Reference. There must be two references, one of which should be from the applicant's immediate supervisor covering the entire time period for which the applicant requests experience credit. When an applicant is/was a principle in a business and has/had no supervisor, the BLS will accept references from major clients. Please have your references fill out the Professional Reference Questionnaire and return it to the BLS.

Professional Reference 1: \_\_\_\_\_

Professional Reference 2: \_\_\_\_\_

I certify that the preceding statements, including any attachments, are to the best of my knowledge accurate. I understand that any falsification in this application will be grounds for rejection, or for later revocation of any certificate issued. I understand that the BLS may investigate or research any information submitted on this application and agree to provide supporting documentation if asked. I understand that all applicants are subject to the terms and conditions set out for applicants in the CLSO Policies and Procedures Manual. If I am certified, I will understand that I must pay every 3 years such amount as the BLS shall decide as a part of the BLS's re-certification requirement. If I am certified, I will adhere, to the best of my ability, to the BLS Code of Professional Conduct as published in the CLSO Policies and Procedure Manual. By signing this application, I hereby release and forever discharge Laser Institute of America and the Board of Laser Safety, its administrators, employees, volunteers, agents, and all other persons, who it might be claimed to be liable, none of whom admit any liability from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever and particularly on account of all injuries known and unknown, both to person and property, which have resulted or may in the future develop from any accident which might occur as a result of practicing laser safety as a Certified Laser Safety Officer. I hereby declare that the terms of this settlement have been completely read and are fully understood and voluntarily accepted for the purpose of making a full and final compromise adjustment and settlement of any and all claims, stipulated or otherwise, on account of the injuries and damages above mentioned, and for the express purposes of precluding forever any further or additional claims arising out of any possible accident by the me. This is a voluntary release for any and all future injuries or accidents. I am aware of the risks of practicing laser safety and hereby assume all risks. The risks include those foreseen and unforeseen, known and unknown.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A nonrefundable application fee, payable to BLS must accompany this application. Additional fee per examination will be payable upon notification of approval to sit for the examination. This application and supporting materials must be postmarked no later two weeks prior to the selected exam date. The BLS does not discriminate among applicants as to age, sex, race, religion, national origin, disability, or marital status.

**IF YOU ARE PAYING BY CREDIT CARD, AN E-INVOICE CAN BE SENT TO YOU  
BY FILLING OUT THE FORM ON THE NEXT PAGE.**



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Fax: 407.380.5588  
[www.lasersafety.org](http://www.lasersafety.org)

### E-INVOICE REQUEST FORM

**Instructions:** Please type or print legibly using black ink only.

**CARDHOLDER NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(First) (Middle) (Last)

☐ **BILLING ADDRESS SAME AS MAILING:** Please check this box if your billing address is the same as your mailing address. If so, filling out the rest of this form is not needed.

**BILLING ADDRESS:**

\_\_\_\_\_  
(Company name if applicable)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State/Province)

\_\_\_\_\_  
(Postal Code)

\_\_\_\_\_  
(Country)

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_