



Board of Laser Safety

BOARD OF LASER SAFETY®
 13501 Ingenuity Dr., Suite 128
 Orlando, FL 32826
 Direct Line: 407.985.3810
 Toll Free: 800.34.LASER
 Fax: 407.380.5588

APPLICATION FOR CMLSO® EXAMINATION

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 Test

June 12, 2016 – Philadelphia, PA

September 26, 2016 – Fermilab, Batavia, IL

August 28, 2016 – New York, NY

October 16, 2016 – San Diego, CA

September 18, 2016 – Las Vegas, NV

November 6, 2016 – New Orleans, LA

1. Name _____ 2. Date of Birth _____
Last First Middle

3. Company _____ Preferred Mailing Address: Home Business

4. Home Address _____

5. Business Address _____

6. Home Telephone _____ 7. Business Telephone _____

8. E-mail _____ 9. Cell Phone _____

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 certificate unless provided by LIA.

_____ 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 CMLSO 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 CMLSO 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 of \$50.00 (US funds) must accompany this application. An additional fee of \$200.00 per examination will be payable upon notification of admission to 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.

Application Fee Due: \$50

Payment Method (circle one) Check Enclosed VISA AMEX DISCOVER MASTERCARD

Credit Card Number: _____ CSC Number*: _____

Please print name of cardholder: _____ Exp. Date: _____

(*3 digit number on back of VISA, MC and DISCOVER or 4 digit number on front of AMEX)

Please check box to use credit card for exam fee of \$200 once application has been accepted.