



5. In the following spaces, please describe the Applicant's laser safety functions and activities for each position held during the period of time for which you have direct personal knowledge. Indicate how many hours per week of the Applicant's time in each position was/is devoted to laser safety practice.

Position \_\_\_\_\_

Period of time \_\_\_\_\_

Date laser safety practice began for this job \_\_\_\_\_

Average number of hours per week devoted to laser safety practice \_\_\_\_\_

Percentage of total work time is devoted to laser safety practice \_\_\_\_\_

Describe specific laser safety functions and activities (See Policies and Procedures Manual for details)

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6. Do you recommend this Applicant for certification by the Board?      Yes      No

7. Describe the Applicant's ability to perform with independent responsibility.

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8. Does the Applicant conduct laser safety activities in a manner consistent with the BLS Code of Professional Conduct for the profession of laser safety (see Policies and Procedure Manual for details)?      Yes      No

Please describe if you would like to elaborate

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I attest that I personally composed this Professional Reference Questionnaire and that the information it contains is true, complete and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Division \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

If you are certified by the Board of Laser Safety, please list your certification number.

Certificate Number \_\_\_\_\_

***This questionnaire is to be completed by the reference only. Thank you.***