



**LASER DISPOSAL / TRANSFER  
FORM**

MASSACHUSETTS DEPARTMENT OF  
PUBLIC HEALTH

RADIATION CONTROL PROGRAM

**SEND APPLICATIONS TO:**

Schrafft Center, Suite 1M2A

529 Main Street, Charlestown, MA 02129

Phone: (617)-242-3035 Fax: (617) 242-3457

Email: [radiationcontrol@state.ma.us](mailto:radiationcontrol@state.ma.us)

The following information is provided in accordance with 105 CMR 121.019, "Report of Changes" for reporting the disposition of any laser device, which has been transferred, disposed, or rendered inoperable. Complete the items below to remove the laser from your registration:

Registration No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Registrant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Laser Device Information**

On the "Transferred To" line, indicate to whom the equipment was transferred, how it was disposed, or how it was rendered inoperable (i.e., the laser cannot be energized when connected to a power supply.)

Manufacturer: \_\_\_\_\_ Transferred To: \_\_\_\_\_

Model: \_\_\_\_\_ Address: \_\_\_\_\_

Serial Number: \_\_\_\_\_

\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Transferred To: \_\_\_\_\_

Model: \_\_\_\_\_ Address: \_\_\_\_\_

Serial Number: \_\_\_\_\_

\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge that the above lasers are no longer possessed by the registrant. Signature of laser safety officer or person authorized to act on behalf of registrant (e.g., President, Registered Agent, CEO, CFO, Partner, Owner):

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

**Additional Laser Device Information**

Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_  
Serial Number: \_\_\_\_\_

Transferred To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Transfer: \_\_\_\_\_

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Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_  
Serial Number: \_\_\_\_\_

Transferred To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Transfer: \_\_\_\_\_

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Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_  
Serial Number: \_\_\_\_\_

Transferred To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Transfer: \_\_\_\_\_

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Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_  
Serial Number: \_\_\_\_\_

Transferred To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Transfer: \_\_\_\_\_

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Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_  
Serial Number: \_\_\_\_\_

Transferred To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Transfer: \_\_\_\_\_