



**LASER DISPOSAL / TRANSFER
FORM**

MASSACHUSETTS DEPARTMENT OF
PUBLIC HEALTH

RADIATION CONTROL PROGRAM

EMAIL APPLICATIONS TO:

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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

Revision: April 2024

Additional Laser Device Information

Manufacturer:	_____	Transferred To:	_____
Model:	_____	Address:	_____
Serial Number:	_____		_____
		Date of Transfer:	_____

Manufacturer:	_____	Transferred To:	_____
Model:	_____	Address:	_____
Serial Number:	_____		_____
		Date of Transfer:	_____

Manufacturer:	_____	Transferred To:	_____
Model:	_____	Address:	_____
Serial Number:	_____		_____
		Date of Transfer:	_____

Manufacturer:	_____	Transferred To:	_____
Model:	_____	Address:	_____
Serial Number:	_____		_____
		Date of Transfer:	_____

Manufacturer:	_____	Transferred To:	_____
Model:	_____	Address:	_____
Serial Number:	_____		_____
		Date of Transfer:	_____