

## Texas A&M University Laser Safety Program Laser Transfer Form

**LASER TRANSFERRED FROM:**

Permit Holder: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**LASER TRANSFERRED TO:**

Permit Holder: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**LASERS TO BE TRANSFERRED:**

Serial Number	Original Location (Bldg:Room)	New Location (Bldg:Room)
Is this transfer temporary? Yes                  No		
Transfer Period: _____		
<b>Comments:</b>		

LSO Signature: \_\_\_\_\_

The laser transfer is authorized to proceed on: \_\_\_\_\_