

# Operation of Laser Devices

Hall:	Stand No.:
Exhibitor:	

## Order Form 2012

**Messe Berlin, ST21:** Fax: +49(0)30/3038-2898  
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In accordance with § 5 Section 1 of the Accident Prevention Regulations „LaserBeams“ (BGV B2) we hereby state our intention to operate in the following laser device(s) of category 3 R, 3 B or 4:

Manufacturer: .....

Designation/Type: .....

Radiated power or energy: .....

Wave length(s): .....

Continuous wave laser

Pulse laser Pulse duration: ..... Pulse repeat frequency: .....

Responsible member of staff: .....

Laser protection official (in accordance with § 6 GUV 2.20): .....

Installation site: .....

Date of use: .....

Date/time that approval was issued: .....

Approval given by: .....

Test runs: date/time::: .....

By signing the order you acknowledge the stipulated conditions.

Name and address of recipient of invoice: VAT Reg. No.

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Contact for queries: Phone: Telefax :

E-Mail:

Date:	Name of the customer (in block letters):	Legally binding signature and company stamp:
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As of: July 2011 / Subject to alteration / Legal venue and place of jurisdiction is Berlin-Charlottenburg