

Operation of Laser Devices

Hall	Stand No.
Exhibitor	

Registration 2008

Messe Berlin, ST21: Fax: +49(0)30/30 38-28 98

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In accordance with § 5 Section 1 of the Accident Prevention Regulations "Laser Beams" (BGV B2) we hereby state our intention to operate 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:

Please note: For later alteration of invoices EUR 30.00 plus VAT will be charged in addition.

Name and address of exhibitor (if recipient of invoice):

Name and address of recipient of invoice (if not identical with exhibitor):

Contact on the stand: Phone: Telefax:

E-Mail:

We are only ordering by order and on account of the exhibitor (services will be charged to the exhibitor).

Date: Name of the customer (in block letters):

As of: May 2007 / Subject to alteration / Legal venue and place of jurisdiction is Berlin-Charlottenburg

Legally binding signature and company stamp: