



Application ID (please leave blank)

## Application form

# Application for recognition of a training qualification for the operation of laser devices of Class 1M, 2M, 3R, 3B or 4 at events involving laser radiation in accordance with O-NIRSA

### The following additional documentation and information must be attached:

- Copies of training certificate(s) and/or course attendance confirmation(s) for all laser-related training
- Contact details of the training and examination institution(s), with permission to request confidential documents directly from the training and examination institution(s) concerned

### Application to be submitted to:

- [laser@bag.admin.ch](mailto:laser@bag.admin.ch) (attachments submitted as separate PDF files) or
- Federal Office of Public Health, Radiation Protection Division, NIR/DOS Section, CH-3003 Bern

## 1 Information on the applicant

### 1.1 Legal domicile (applicant's place of business/residence) and personal details

Form of address	Academic title
<input type="text"/>	<input type="text"/>
Name	First name
<input type="text"/>	<input type="text"/>
e-mail	Tel./mobile
<input type="text"/>	<input type="text"/>
Date of birth	Nationality
<input type="text"/>	<input type="text"/>
Street and number	P.O. Box
<input type="text"/>	<input type="text"/>
Postal code and town	Canton/country
<input type="text"/>	<input type="text"/>

## 1.2 Correspondence address

e-mail address for electronic delivery

**Correspondence address in Switzerland** (for postal delivery)

→ *Correspondence address in Switzerland (mandatory, must always be provided)*

same as legal domicile given in 1.1 (only possible if domicile is in Switzerland)

→ *Please complete if the address differs from 1.1 or if the legal domicile is abroad*

Name

First name

Street and number

P.O. Box

Postal code and town

Canton/country

## 1.3 Address for invoices

same as correspondence address

**If different:**

Company name (if applicable)

Name

First name

Street and number

P.O. Box

Postal code and town

Canton/country

## 2 Details of the application

### 2.1 Reason for application

Please indicate the type of recognition requested:

- Recognition of a training qualification for the operation of laser devices of Class 1M, 2M, 3R, 3B or 4 at events **without laser radiation** in the audience zone in accordance with O-NIRSA Annex 3 Numbers 3.1–3.3
- Recognition of a training qualification for the operation of laser devices of Class 1M, 2M, 3R, 3B or 4 at events **with laser radiation** in the audience zone in accordance with O-NIRSA Annex 3 Numbers 3.1–3.4

### 2.2 Details of the training and examination institution which issued the training qualification

Name and first name or company name (if applicable)

Street and number

P.O. Box

Postal code and town

Canton/country

Title of training undergone

Date of course attendance

Title of examination taken

Date of examination

### 2.3 Details of other training and examination institutions (only to be completed by applicants with additional training qualifications)

Name and first name or company name (if applicable)

Street and number

P.O. Box

Postal code and town

Canton/country

Title of training undergone

Date of course attendance

Title of examination taken

Date of examination

## 2.4 Applicant's training qualifications

**Copies of the following are to be attached to the application:**

- Training certificates
- Course attendance confirmations
- Course documentation of the training institution
- Examination documentation of the examining body
- ID or passport
- .....

## 3 Additional details

### Other information and declarations

#### Language of recognition decision

- Desired language of decision →  German  
 French  
 Italian

#### Applicant's declaration and consent

- Conduct of events involving laser radiation →  I declare that events involving laser radiation will only be conducted after a recognition decision has been issued by the FOPH.

- Consent to the solicitation of further documents and information from training and examining bodies →  I agree that the FOPH may, with reference to this application, request further documents and information directly from the training and examining bodies and seek confirmation of the authenticity of documents.

#### Comments

#### Applicant's declaration that all information has been provided truthfully, and consent to electronic delivery of the decision

Place

Date

Name

First name