



**Fax or mail this form back to:**

Board of Laser Safety  
13501 Ingenuity Dr., Suite 128  
Orlando, FL 32826  
Phone: 407-985-3810  
Fax: 407-380-5588

## **CMLSO CERTIFICATION SUPERVISOR NOTIFICATION FORM**

Yes, I want a letter sent to my immediate supervisor announcing my recent achievement of obtaining/renewing my CMLSO certification.

The letter will detail the CMLSO requirements, give appropriate recognition to you and credit your organization for having an individual of your caliber on its staff.

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**(PLEASE PRINT LEGIBLY)**

**SEND ANNOUNCEMENT TO:**

Name: (Ms. / Mrs. / Mr. / Dr.) \_\_\_\_\_  
Circle One

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

CMLSO: \_\_\_\_\_