



Fax or mail this form back to:

Board of Laser Safety
12001 Research Parkway, Ste 210
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.

(PLEASE PRINT LEGIBLY)

SEND ANNOUNCEMENT TO:

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

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

E-Mail: _____

CMLSO: _____