

**BOARD OF LASER SAFETY**  
13501 Ingenuity Drive, Suite 128  
Orlando, FL 32826  
407-985-3810 · 407-380-5588 (Fax) · [www.lasersafety.org](http://www.lasersafety.org)

**Professional Reference Questionnaire**

**Name of Applicant:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_

1. Are you capable of providing an informed and objective description about the professional laser safety work of the Applicant? ☐ Yes ☐ No

2. Do you know of any reason why this Applicant should not be considered for certification?

☐ Yes ☐ No

*If yes, please explain.*

---

---

---

3. Are you a relative or spouse of the Applicant; or is the Applicant your supervisor?

☐ Yes ☐ No

*If yes, please skip to the end, sign and return this questionnaire to the Board.*

4. Please indicate the time periods during which you have personal knowledge of the Applicant's laser safety work experience and the nature of your association with the Applicant.

Association

Time Period

From (MM/YY) - To (MM/YY)

☐ Supervisor

☐ Colleague

☐ Client

☐ Professor

☐ Other (describe)

---

---

---

---

---

5. In the following spaces, please describe the Applicant's laser safety functions and activities for each position held during the time periods for which you have direct personal knowledge. Indicate how many hours per week of the Applicant's time in each position was/is devoted to laser safety practice.

Position \_\_\_\_\_

Time Period \_\_\_\_\_

Date laser safety practice began for this job \_\_\_\_\_

Average number of hours per week devoted to laser safety practice \_\_\_\_\_

Percentage of total work time is devoted to laser safety practice \_\_\_\_\_

Describe specific laser safety functions and activities (See Policies and Procedures Manual for details):

---

---

---

---

6. Do you recommend this Applicant for certification by the Board? ☐ Yes ☐ No

7. Describe the Applicant's ability to perform with independent responsibility:

---

---

---

---

8. Does the Applicant conduct laser safety activities in a manner consistent with the BLS Code of Professional Conduct (See Policies and Procedure Manual for details) for the profession of laser safety? ☐ Yes ☐ No

Please describe if you would like to elaborate:

---

---

---

**I attest that I personally composed this Professional Reference Questionnaire and that the information it contains is true, complete and correct to the best of my knowledge.**

Signature\_\_\_\_\_Date\_\_\_\_\_

Printed Name\_\_\_\_\_Title\_\_\_\_\_

Organization\_\_\_\_\_

Division\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Country \_\_\_\_\_Telephone Number\_\_\_\_\_

If you are certified by the Board of Laser Safety, please show your certification number.

Certificate Number \_\_\_\_\_

***This questionnaire is to be completed by the reference only and must be mailed by the reference directly to the Board of Laser Safety. Thank you.***