

Event name	Company name (Invoice recipient)
Customer no. (Exhibitor)	Contact person (Invoice recipient)
Hall/stand no. (Exhibitor)	Street and house no. (Invoice recipient)
Your order no. (if desired)	Postcode, town, country (Invoice recipient)
VAT identification number EU (Invoice recipient)	Telephone (in case of questions)
We are: <input type="checkbox"/> Entrepreneur <input type="checkbox"/> no Entrepreneur	E-mail (in case of questions)

Orders by fax to: +49 711 18560-2292

662210600

We herewith order / We order on behalf and by order of the aforementioned exhibitor from Landesmesse Stuttgart GmbH (LMS) – and at the same time accept the General Terms and Conditions for Services as well as the Technical Guidelines of LMS which are available at www.messe-stuttgart.de/agb and also on-site in the service center – as follows:

66-100 | 0 1 | Application for the use of a laser system

01	Duration of use		
02	Location of laser system		
03	Type of function	<input type="checkbox"/> Laser production demonstration	<input type="checkbox"/> Laser show
04	Manufacturer of laser system		
05	Laser class	<input type="checkbox"/> 3R	<input type="checkbox"/> 3B
		<input type="checkbox"/> 4	<input type="checkbox"/> Other

Please note: From laser class 3 onwards a risk assessment must be performed and the respective proof must be presented on demand.

06	Beam power or energy		
07	Wavelength		
08	Pulse duration or frequency		
09	Operation in connection with pressure vessels	<input type="checkbox"/> no	<input type="checkbox"/> yes*

* An application for the approval of gas / compressed air cylinders must be submitted (10.5 01)

The laser protection expert must perform and comply with his/her tasks according to §6 DGUV provision 11.

10	Name and address of laser protection expert		

LMS must be informed immediately about any necessary safety precautions!
Further safety regulations resulting from OStrV, DGUV provision 11 and TROS must be observed.

It is explicitly stated that data will be stored according to A 14 of the General Terms and Conditions for Services A.

Date: | | | | | 2 | 0 | | | | |

Place: _____

Company stamp and signature _____