

ANNUAL STATUS REPORT OF EXEMPTED LASERS For use of this form, see AR 385-9; the proponent agency is DCSPER.		<i>REQUIREMENT CONTROL</i> <i>SYMBOL 0201-HEW-AN</i>
		REPORTING PERIOD (FY)
TO: (Include ZIP Code)		FROM: (Include ZIP Code)
LASER TYPE		NUMBER OF LASERS
MANUFACTURER		
USE OF LASER		
CONTRACT NUMBER		NATIONAL STOCK NUMBER
REASON FOR EXEMPTION		
DATE OF DISPOSAL (If applicable)	DATE OF TRANSFER (If applicable)	NAME AND ADDRESS OF RECEIVING AGENCY
TYPED NAME, RANK, AND TITLE OF REPORTING OFFICER		SIGNATURE
REMARKS		