

**Tuolumne County EMS Agency
Automatic External Defibrillator (AED)
Registration Form**

20111 Cedar Road North, Sonora, CA 95370

Phone: (209) 533-7460

FAX: (209) 533-7406

Name of Entity _____

Contact Name _____

Phone Number _____

Entity Type:

Business

Industrial

Municipality

Health Club/Gym

School

Mobile Services Provider

Nursing Home/
Assisted Living

Physicians Office/
Clinic

Store /
Shopping Mall

Other: _____

AED Location

Physical Address

Street _____

City _____

State _____

Zip Code _____

Mailing Address (If different from physical address)

Street _____

City _____

State _____

Zip Code _____

Describe location of AED at the address listed above (using reference points and landmarks):

AED Information

AED Supplier _____

AED Manufacturer _____

AED Model _____

AED Serial # _____

Name of Completing Form _____

Signature: _____

Date _____

Mail or Fax completed forms to the Tuolumne County EMS Agency