

Orange County AED Registration Form

Please Print

Business or Facility Name _____

Business or Facility Address _____

City _____ Zip Code _____

Physical Location of AED _____

Physical Address of AED Location _____

Annual # of Persons Who Work @ This Location _____

Annual # of Persons Who Reside @ This Location _____

Annual # of Persons Who Visit This Location _____

Primary AED Contact _____

Job Title _____

Contact's Address _____

Contact's City _____

Contact's Office Phone _____

Contact's Cell Phone _____

Contact's Fax _____

AED Manufacturer _____

AED Type _____

AED Model _____

AED Serial Number _____

AED Color _____

AED Oversight Physician _____

Maintenance Plan Implemented Y / N

Date AED Activated _____

RETURN TO OUR OFFICE VIA MAIL OR FAX TO:

Orange County EMS Medical Director
2002A E. Michigan Street
Orlando, FL 32806
407-836-7625