

AED Registration Form

To register your AED with local emergency service agencies, please fill out the following form.

Name of the organization or individual that owns the AED:

| | | | | | |
|-----------------------------|----------------------|-------|----------------------|-----|----------------------|
| <input type="text"/> | | | | | |
| Street or Box Number | <input type="text"/> | | | | |
| City | <input type="text"/> | State | <input type="text"/> | Zip | <input type="text"/> |
| Phone Number with Extention | <input type="text"/> | | | | |
| Hours of Operation | <input type="text"/> | | | | |

AED Custodian Contact Information:

| | | | | | |
|----------------------|----------------------|----------------|----------------------|-----|----------------------|
| Custodian Name | <input type="text"/> | | | | |
| Street or Box Number | <input type="text"/> | | | | |
| City | <input type="text"/> | State | <input type="text"/> | Zip | <input type="text"/> |
| Phone Number | <input type="text"/> | E-mail Address | <input type="text"/> | | |

AED Equipment Information:

| | | | | | |
|------------------------|----------------------|-------------------|----------------------|--|--|
| Date AED was Installed | <input type="text"/> | Drop-down List | <input type="text"/> | | |
| AED Model Number | <input type="text"/> | AED Serial Number | <input type="text"/> | | |

Where is the AED Located?

****Please note: Local EMS agencies will be notified of your AED registration based on the address information entered below. Please be sure and put the address where the AED is physically located rather than your corporate headquarters or other address.**

| | | | | | |
|----------------------|----------------------|-------|----------------------|-----|----------------------|
| Street or Box Number | <input type="text"/> | | | | |
| City | <input type="text"/> | State | <input type="text"/> | Zip | <input type="text"/> |

Where is the AED located at the address? Be as specific as possible

| |
|----------------------|
| <input type="text"/> |
|----------------------|

| | |
|--------------------------------------|----------------------|
| What is your CPR/AED training status | <input type="text"/> |
|--------------------------------------|----------------------|

If you selected "I/We need training", please contact our PAD Coordinator at 904-209-1733 or PADCoordinator@sjcfl.us to find training that meets your needs..

Please Submit by fax (904)209-1783 or by e-mail PADCoordinator@sjcfl.us

Upon submission, you will receive a confirmation copy of the information you submitted, which may be printed for your records. Your entry will be added to the AED Registry Database, and your local Emergency Service Agency/Agencies will be contacting you of the location of your AED...