



**Application for
Riverside County Public Access Defibrillation (PAD) Program**

Please PRINT or TYPE all information

1. Name of company/facility where AED(s) are to be located:

2. Address of company/facility:

2a. Brief description of area boundaries covered by AED(s):

3. PAD program coordinator/contact person:

Name:

Title:

Address:

Telephone #:

Cell:

4. PAD Program Medical Director:

Name:

CA Medical License #:

Address:

Telephone #(s) - office:

cell:

5. AED Equipment Information

Make and Model of AED(s) to be used:

Number of AED(s) placed:

Attach letters of commitment and all additional information as required by policy