



PIERCE COUNTY AED REGISTRATION

FOR OFFICE USE ONLY:
SENT TO FD _____
POSTED TO DB _____
ADDED TO MAP _____

Please email this completed form to: npancak@co.pierce.wa.us Questions: 253-798-7722

CUSTOMER INFORMATION:

****Required Information**

****Company:** _____

OR if private residence please provide:

****Customer Name:** _____

First Name

Last Name

Business Type: _____

(E.g.: Law offices, school, manufacturer, public library)

**Physical Address:

Address 1: _____

Street Address

Suite/Apt #

Address 2: _____

Street Address

Suite/Apt #

City

State

Zip

****Mailing Address:** Same as physical address:

Address 1: _____

Street Address

Suite/Apt #

Address 2: _____

Street Address

Suite/Apt #

City

State

Zip

Days of Operation: Mon Tues Wed Thurs Fri Sat Sun

Please check all that apply

Hours of Operation: _____ 24/7 (E.g. Private residence, 24-hr business)

Start Time

End Time

Points of Contact: (E.g. Site Coordinator or Site Manager)

	**Primary POC	Secondary POC
Name:	_____	_____
Title:	_____	_____
Office Phone:	_____	_____
Cell Phone:	_____	_____
Email:	_____	_____

TRAINING INFORMATION:

Training Program: (E.g. American Heart Association, American Red Cross) _____

Number of People Trained: _____ **Date Initial Training Completed:** _____

AED INFORMATION:

****Total Number of AEDs :** _____ If you have more than one device, use the section below to list each device individually. Please use additional copies of this form or blank sheets to record a complete list of your devices.

AED #1

****Serial #** _____ ****Date AED put into operation** _____

****Make** _____ ****Model** _____

****Location of the Device:** Same as Physical Address

Address 1: _____
Street Address Suite/Apt #

Address 2: _____
Street Address Suite/Apt #

City State Zip

Number of People at this Location:

Employees _____ **Visitors** _____ **Private Residence** (number of those living at address) _____

****Device Placement:** Please describe the approximate location your device is place in your business, home or vehicle.

AED #2

****Serial #** _____ ****Date AED put into operation** _____

****Make** _____ ****Model** _____

****Location of the Device:** Same as Physical Address

Address 1: _____
Street Address Suite/Apt #

Address 2: _____
Street Address Suite/Apt #

City State Zip

Number of People at this Location:

Employees _____ **Visitors** _____ **Private Residence** (number of those living at address) _____

****Device Placement:** Please describe the approximate location your device is place in your business, home or vehicle.

