



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

Los Angeles County EMS Agency
Attn: AED Program Coordinator
10100 Pioneer Blvd, Suite 200
Santa Fe Springs, CA 90760
Tel: (562) 347-1500 Fax: (562) 941-5835

**Public Access Defibrillation Program
Change/Add Form**

Other than the requested ***Required information***, provide NEW information only

Company Name*		Type of Business*	
Address*		City*	Zip Code*
Program Coordinator/Contact Person*			Title*
Phone* ()		Email*	
Number of Personnel Trained		Name of Oversight Physician	
Physician's Address			Physician's Phone ()
Date of Change ____ / ____ / ____			
If you added an AED or equipment, please specify <input type="checkbox"/> New *Please provide information below <input type="checkbox"/> Same as previous AED <input type="checkbox"/> Pediatric equipment			
AED Manufacturer		Model	Current Number of AEDs
Location of AED (address, building, floor, unit etc..)			

Completed by: _____ **Date:** _____