



APPLICATION FOR PUBLIC SAFETY AED PROVIDER

Agency or Organization: _____ County of Operation: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Program Liaison Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

QI Coordinator Name: (if different from Program Liaison): _____ (Required)

Phone: _____ Fax: _____

Email: _____ (Required)

Please list the Manufacturer, Model, and number (quantity) of AED devices that are utilized by your organization (attach additional sheets if necessary).

Manufacturer	Model	Quantity

Program Requirements and liaison responsibilities:

Statement of commitment: The above named agency and program liaison hereby agree to meet the following responsibilities in order to be recognized and continue recognition as a Public Safety AED service provider.

- Maintain current and accurate provider and liaison contact information with the Napa County EMS Agency.
- Comply with all applicable Napa County EMS Agency Administrative Policies

Applicant's Signature: _____

Title: _____ Date: _____