



Yolo County Emergency Medical Services Agency AED

Revised Date: July 15, 2019

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) ANNUAL PROGRAM UPDATE FORM

Agency Name:

Calendar Year:

Phone #:

Fax #:

Mailing Address:

City:

State:

Zip:

Program Contact:

Email:

Phone #:

Fax #:

Chief Name:

Primary Instructor(s):

Personnel (Public Safety) trained to perform AED:

Personnel (EMR/EMT) trained to perform AED:

AED Equipment (Brand Name, Model #):

I certify all information on this form, to the best of my knowledge, is true and correct.

Signature

Date

Printed Name & Title of Signature Above

*This application and all required items may be mailed or emailed.
If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.*

YEMSA USE ONLY			
Received:	Reviewed by:	Approved by:	Updated: