

# AED Registration Application



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## **CONTACT INFORMATION** - Person responsible for maintaining the AED

NAME:

TITLE:

FIRST

LAST

MAILING ADDRESS:

CITY:

STATE:

ZIP:

+4

EMAIL ADDRESS:

PHONE NUMBER:

MEDICAL DIRECTOR



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## **LOCATION INFORMATION** - If different than the mailing address

NAME OF BUSINESS:

STREET ADDRESS:

APARTMENT/SUITE:

CITY:

STATE:

ZIP CODE:



## AED INFORMATION

BRAND OF AED:

MODEL NUMBER:

YEAR PURCHASED:

LAST INSPECTED:

PEDIATRIC PADS?

STOP THE BLEED KIT?:

RESTRICTED ACCESS?:

If Restricted Access is YES  
please explain:

PulsePoint AED can help  
strengthen the chain of survival for  
cardiac arrest victims. Download  
PulsePoint AED for free.

Have any questions?  
Feel free to contact  
Chief Joseph Corley  
Virginia Beach EMS  
phone: (757) 385-5037  
email: EMSIPS@vb.gov.com



**CONNECT  
YOUR  
COMMUNITY.**

Ignite the lifesaving potential of CPR-trained citizens and improve  
cardiac arrest outcomes.