

Central California EMS Agency  
**NOTIFICATION OF NEW PUBLIC ACCESS DEFIBRILLATOR SITE**

**Physician Medical Director Information**

Physician's Name: \_\_\_\_\_

CA Medical License Number: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

**On-Site Contact Information**

Name of On-Site Contact: \_\_\_\_\_

Phone Number of On-Site Contact: \_\_\_\_\_

Name of Company or Business: \_\_\_\_\_

Name of Building of Complex: \_\_\_\_\_

Physical Address of On-Site Contact: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of AED Units at this Same Site: \_\_\_\_\_

**AED Location and Equipment Information for this Site**

Phone Number (if Different from Above): \_\_\_\_\_

Floor and Location: \_\_\_\_\_

AED Make/Model: \_\_\_\_\_

Date of Placement: \_\_\_\_\_

**Use next page for additional AED units at this same site**

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**Submit notification of new PAD Site to Central California EMS Agency  
FAX: (559) 600-7691, Attn: AED Coordinator  
OR  
Central California EMS Agency, Attention: AED Coordinator  
1221 Fulton Street, Fresno, California 93721**

Central California EMS Agency  
**ADDITIONAL AED UNITS FOR THIS SITE**  
**AED Location and Equipment Information**

**AED Location and Equipment for this Site**

Phone Number (if Different from Above): \_\_\_\_\_

Floor and Location: \_\_\_\_\_

AED Make/Model: \_\_\_\_\_

Date of Placement: \_\_\_\_\_

**AED Location and Equipment for this Site**

Phone Number (if Different from Above): \_\_\_\_\_

Floor and Location: \_\_\_\_\_

AED Make/Model: \_\_\_\_\_

Date of Placement: \_\_\_\_\_

**AED Location and Equipment for this Site**

Phone Number (if Different from Above): \_\_\_\_\_

Floor and Location: \_\_\_\_\_

AED Make/Model: \_\_\_\_\_

Date of Placement: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_