



REGISTRY APPLICATION FOR RIVERSIDE COUNTY
PUBLIC ACCESS DEFIBRILLATION (PAD) PROGRAM

Name of company/facility where AED(s) are to be located:	
Name:	
Address of company/facility:	
Address:	
City:	State:
Zip:	
Brief description of the location(s) of AED(s):	
Description:	
PAD program coordinator/contact person:	
Name:	Title:
Address:	
City:	State:
Zip:	
Office phone #:	Cell phone #:
Email:	
AED Equipment Information:	
Make and Model of AED(s) to be used:	
Number of AED(s) placed:	
Please fax to:	
Riverside County Emergency Medical Services Agency	
4210 Riverwalk Parkway, Suite 300	
Riverside, CA 92505	
☎ 951-358-4082 📠 951-358-5160	
www.rivcoems.org	