

AED REGISTRY FORM

Required by Public Act 98-62

(Please print or type – use one form per each AED)

Name/Address of Owner of AED:

Name/Phone Number of Contact Person for AED:

AED Manufacturer: _____ Model: _____ Serial #: _____

Name/Address/Phone Number of Prescribing Physician:

If AED is situated at a fixed location please include full address, building's name, street address, floor/room location. Be as specific as possible:

If AED will not be in a fixed location, describe how and where it will be deployed:

Mail completed form to:
State of Connecticut, Department of Public Health
OEMS-AED registry
410 Capitol Avenue MS#12-EMS
P.O. Box 340308
Hartford, CT 06134-0308