



**Yolo Emergency Medical Service Agency**

137 N. Cottonwood Street, Suite 2601  
Woodland, CA 95695 – (530) 666-8645

**AED SERVICE PROVIDER  
APPLICATION**

**Please write clearly or your application may be rejected.**

Service Provider: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

AED Instructor Name: \_\_\_\_\_

DESCRIPTION <i>(Attach the following)</i>	YEMSA USE ONLY	
	Enclosed	Approved
<input type="checkbox"/> Letter-of-Intent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Geographical boundaries	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Training Program (outlined)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Letter of support (base hospital/modified)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Defibrillator information	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CQI program	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>

I certify that all information on this application and enclosed documents, to the best of my knowledge, are true and correct.

\_\_\_\_\_  
Signature Date

Print Name and Title of above signature

Application may be mailed or dropped off at the address above.  
The YEMSA drop box is across from the stairs at the Yolo County Health Dept., Bauer Building.  
(same address as above)

YEMSA USE ONLY			
Received	Reviewed by	Approved	Letter Sent