

**STATE AGENCY (BUILDING) AED APPLICATION**

Name of Agency(s) represented by this request:

Agency(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project coordinator name, address, and contact information including e-mail address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total # of AEDs requested: \_\_\_\_\_

**The following information is required for each AED proposed placement.** (Please use additional sheets as necessary)

Physical location of proposed placement(s):

Street: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Is there currently an AED in this building? \_\_\_\_\_

EMS response time to location. \_\_\_\_\_ minutes

Approximate transport time to medical facility. \_\_\_\_\_ minutes

Does the building have a registered FRO? \_\_\_\_\_

# of persons working in building \_\_\_\_\_

# of staff you plan to train on AED usage \_\_\_\_\_

Name of medical director: \_\_\_\_\_

**Must receive applications on or before May 11, 2007**

Questions may be directed to:

**Maxie Bishop, State EMS Director**

Texas Department of State Health Services  
Office of EMS/Trauma Systems Coordination

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