

Application for an exemption

Use this form to apply for an exemption from the Automated External Defibrillator (AED) Deployment Registry (AEDDR). This form must accompany Form 14B.

Lodgement details

Firm/organisation

Registration number of AED (if applicable)

1. Your details

Contact name

Position description

Telephone number (during business hours)

()

Email address

Postal address

Suburb/City

State/Territory

Postcode

2. Particulars of exemption

Provisions of AEDDR 1410 not conformed with

Effect of such exemption

Reasons for seeking exemption

Supporting evidence

Signature

I certify that the information in this form is true and correct

Name

Signature

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
[D	D]		[M	M]		[Y	Y]

Lodgement

Send completed and signed forms to:

AED Deployment Registry
GPO Box 53 Canberra ACT
2601 Australia
or
By email to:
incidents@aeddr.com

For more information

Web: www.aeddr.com
Need help? www.aeddr.com/question
Telephone: 1300 USE-AED or 873-233