

LIFESAVER

NEW PACKET . USED ONCE . SAFELY DISPOSED



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LifeSaver Registration

Company Details

Name:

Contact:

Address:

Post Code/ ZIP Code:

Telephone:

Email:

Product applying for LifeSaver status:

Technical specification:

PQS/ WHO Status:

PQS Registration number:

I / We agree to follow LifeSaver guidelines:

Signed:

Date:

Position:

Please return this form to: ginnysimpson@safepointtrust.org

The SafePoint Trust use:

Approved:

Date:

Comments: