



Manatee County Department of Public Safety



COPCN Holder Activation Form

COPCN Holder Company Name: _____

Date Requested: _____ Number of Units Requested: ALS: _____ BLS: _____

Manatee County EMS Representative Requesting Activation: _____

COPCN Ambulance Number Activated	Activation Time	Deactivation Time	Total Time	Number of Calls Ran

I, _____, am an authorized official of a Manatee County COPCN Certificate, and have received activation orders from Manatee County EMS as set forth in the COPCN Ordinance.

Signature

This form is to be filled out after every activation of the COPCN Certificate Holder to the Manatee County 911 System. This form is to be faxed back to Manatee County EMS at: 941-749-3568 within 24 hours after deactivation to the 911 System. Each deactivation also requires an invoice to be mailed to:

Manatee County EMS
P.O. Box 1000
Bradenton, Florida 34206-1000