



**Gloucester County  
Emergency Medical Services Council**  
c/o Underwood-Memorial Hospital MICU  
238 S. Evergreen Ave  
Woodbury, NJ 08096



**Ignition Kill Switch Registration Form**

Please fill out the appropriate area of this form and return it to the EMS Council.

Organization Name: \_\_\_\_\_

Chief Officer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Section 1 Ignition Kill switches were installed under the grant in the following units.**

Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_ Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_

Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_ Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_

Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_ Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_

Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_ Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_

Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_ Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_

**Section 2 The following vehicles already have the kill switch installed**

Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_ Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_

Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_ Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_

Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_ Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_

Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_ Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_

Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_ Unit #: \_\_\_\_\_ Vin #: \_\_\_\_\_

**Section 3 Opt-Out of the Ignition Kill Switch Security Initiative.**

The organization listed herein has opted to not have the ignition kill switch installed in its vehicles as provided for by the Domestic Security Preparedness Grant, and acknowledges that the Gloucester County EMS Council and Office of Emergency Management have made this protective measure available to this organization.

Chief Officer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Officer