

City and County of San Francisco

DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH

APPLICATION FOR AUTHORIZED BACKFLOW ASSEMBLY TESTER PERMIT TO OPERATE

| Tester Name | | | | | | Cell Phone | | |
|---|--|--|--|---|--|---|--|--|
| Home Address (Street, city, state, zip code) Alternate Phone Number | | | | | | | | |
| Email Address (For correspondence and CCAMS database access) | | | | Personal/Alternate Email Address | | | | |
| 2. Company Information (If approved, company contact information will be posted on the SFDPH website) | | | | | | | | |
| Business Name | | | | Main Business Phone | | | | |
| Business Address (Street, city, state, zip code) | | | | | | | | |
| Email Address | | | | Website | Website | | | |
| 3. Insurance Information | | | | | | | | |
| Insurance Company | | | | y # | Effective | Date | Expiration Date | |
| 4. Backflow Prevention Ass | embly Tester (| Certification | | | | | | |
| AWWA ABPA | • | ASSE | Certificate | # | Issue Date | | Expiration Date | |
| 5. Test Equipment | | | | | | | | |
| Serial # Model # | | | Calibration Company | | E | xpiration Date | | |
| | | | | | | | | |
| 6. Terms and Conditions | | | | | | | | |
| 6. Terms and Conditions Do you acknowledge that the | following items | must be subm | nitted with th | nis application? (M | ark "Yes" to | confirm) | SFDPH OFFICE USE ONLY | |
| Do you acknowledge that the Yes N/A | _ | | | | ark "Yes" to | confirm) | | |
| Do you acknowledge that the Yes N/A Certificate of L | iability Insurance | | | | ark "Yes" to | confirm) | | |
| Do you acknowledge that the Yes N/A Certificate of L Backflow Teste | iability Insurance | e for Commerc | | | ark "Yes" to | confirm) | | |
| Do you acknowledge that the Yes N/A Certificate of L Backflow Teste | iability Insurance | e for Commerc | | | ark "Yes" to | confirm) | | |
| Do you acknowledge that the Yes N/A Certificate of L Backflow Teste Test Equipmen | iability Insurance or Certification of Calibration Cer or with all applica- ncisco Departme of application and mit application is | e for Commerc rtificate ble federal, sta ent of Public He I materials subi s approved, I ui | ial General L ite, and local calth, Environ mitted in sup nderstand th | regulations, laws, nmental Health Bro oport of this applica nat I must follow th | and ordinai anch ("SFDPI ation are tru ne requireme | nces. I undo H, EHB"). I ue and com ents set for | erstand that this application is declare under penalty of perjury pplete to the best of my th in Article 12A of the San | |
| Do you acknowledge that the Yes N/A Certificate of L Backflow Teste Test Equipment agree to operate in accordance subject to review by the San Francisco Health Code to maintain | iability Insurance or Certification of Calibration Cer or with all applica- ncisco Departme of application and mit application is | e for Commerc rtificate ble federal, sta ent of Public He I materials subi is approved, I ui t, and I will not | ial General L ate, and local ealth, Environ mitted in sup nderstand th | iability I regulations, laws, nmental Health Bro pport of this applica nat I must follow the | and ordinal anch ("SFDPI ation are tru ne requireme e informatio Date | nces. I undo H, EHB"). I ue and com ents set for | erstand that this application is declare under penalty of perjury pplete to the best of my th in Article 12A of the San | |
| Do you acknowledge that the Yes N/A Certificate of L Backflow Teste Test Equipment agree to operate in accordance subject to review by the San Francisco Health Code to maintain | iability Insurance or Certification of Calibration Cer or with all applica- ncisco Departme of application and mit application is | e for Commerc rtificate ble federal, sta ent of Public He I materials subi is approved, I ui t, and I will not | ial General L ate, and local ealth, Environ mitted in sup nderstand th | regulations, laws, amental Health Bro oport of this applica and I must follow the anges to the above | and ordinal anch ("SFDPI ation are tru ne requireme e informatio Date | nces. I unde H, EHB"). I Jue and com ents set for and whe | erstand that this application is declare under penalty of perjury pplete to the best of my th in Article 12A of the San | |
| Do you acknowledge that the Yes N/A | iability Insurance er Certification at Calibration Cer e with all applica- ncisco Departme s application and mit application is nin a valid permit | e for Commerc rtificate ble federal, sta ent of Public He d materials subi s approved, I ui t, and I will noti For Departm Exam Fee \$ | tial General L ate, and local ealth, Environ mitted in sup inderstand th ify EHB of ch Total P | regulations, laws, amental Health Bro oport of this applica and I must follow the anges to the above | and ordinai anch ("SFDPI ation are tru ne requireme e informatio Date • Only | nces. I unde H, EHB"). I Jue and com ents set for and whe | erstand that this application is declare under penalty of perjury uplete to the best of my th in Article 12A of the San in I cease testing operations. | |
| Do you acknowledge that the Yes N/A | iability Insurance or Certification at Calibration Cer or with all applican acisco Departme or application and mit application is a valid permit App Fee \$ Conditions/Note | e for Commerce rtificate ble federal, sta ent of Public He di materials subits approved, I uit, and I will not the stam Fee \$ stam | ial General L ate, and local calth, Environ mitted in sup nderstand th ify EHB of ch Total P \$ | regulations, laws, amental Health Broport of this applicated in must follow the above | and ordinar anch ("SFDPI ation are tru ne requireme e informatio Date Date | nces. I unde H, EHB"). I Ie and com ents set for In and whe | erstand that this application is declare under penalty of perjury plete to the best of my th in Article 12A of the San in I cease testing operations. | |
| Do you acknowledge that the Yes N/A | iability Insurance or Certification at Calibration Cer or with all applican acisco Departme or application and mit application is a valid permit App Fee \$ Conditions/Note | e for Commerce rtificate ble federal, sta ent of Public He di materials subits approved, I uit, and I will not the stam Fee \$ stam | ial General L ate, and local calth, Environ mitted in sup nderstand th ify EHB of ch Total P \$ | regulations, laws, amental Health Broport of this applicated in must follow the above | and ordinar anch ("SFDPI ation are tru ne requireme e informatio Date Date | nces. I unde H, EHB"). I Ie and com ents set for In and whe | erstand that this application is declare under penalty of perjury plete to the best of my th in Article 12A of the San in I cease testing operations. | |
| Do you acknowledge that the Yes N/A | iability Insurance or Certification at Calibration Cer or with all applican acisco Departme or application and mit application is a valid permit App Fee \$ Conditions/Note | e for Commerce rtificate ble federal, sta ent of Public He di materials subits approved, I uit, and I will not the stam Fee \$ stam | ial General L ate, and local calth, Environ mitted in sup nderstand th ify EHB of ch Total P \$ | regulations, laws, amental Health Broport of this applicated in must follow the above | and ordinar anch ("SFDPI ation are tru ne requireme e informatio Date Date | nces. I unde H, EHB"). I Ie and com ents set for In and whe | erstand that this application is declare under penalty of perjury plete to the best of my th in Article 12A of the San in I cease testing operations. | |

Revised: 8/2020 MAK