



Water Quality Division, Cross-Connection Control Program
P.O. Box 730, Millbrae, CA 94030-0730 • (650) 652-3199 • backflow@sfgwater.org



Operating Procedures for Cross-Connection Control Program

Instructions for Cancelling a Permit to Operate As an Authorized Backflow Prevention Assembly Tester

Holders of a Permit to Operate as an Authorized Backflow Prevention Assembly Tester in San Francisco receive an annual bill from the San Francisco Tax Collector for the cost of permit renewal. The bills continue to be issued until a tester has officially informed the City that he or she has ceased being an authorized tester. If a tester stops working in San Francisco permanently, the tester must provide a completed “Business Closure Form” to the San Francisco Department of Public Health (SFDPH). Once the form has been processed, the tester will no longer receive tax bills from the City, and the tester will be removed from the list of authorized testers maintained by the City’s cross-connection control program. The process for terminating a Permit to Operate is described below.

1. Complete a Business Closure Form. The form can be accessed and filled out online at https://www.sfdph.org/dph/files/EHSdocs/ehsForms/Business_Closure_Form.pdf. A blank form is provided on the next page of these instructions, and an example completed form is provided on the following page for reference.
2. Submit the completed form to SFDPH either by email to EnvHealth.DPH@sfdph.org or by mail to the following address:
Cross-Connection Control Program
Environmental Health Branch, Population Health Division
San Francisco Department of Public Health
1390 Market Street, Suite 210
San Francisco, CA 94102
3. For questions about the form or process of terminating a Permit to Operate, contact the Cross-Connection Control Program at (415) 252-3892.



BUSINESS CLOSURE FORM

Permit Type(s): (check all that apply)

Permit/ID #	Permit/ID #	Permit/ID #
<input type="checkbox"/> Food Facility	<input type="checkbox"/> Massage	<input type="checkbox"/> Water
<input type="checkbox"/> Laundry	<input type="checkbox"/> Body Arts	<input type="checkbox"/> Pool
<input type="checkbox"/> Pet facility	<input type="checkbox"/> Medical Cannabis	<input type="checkbox"/> Well
<input type="checkbox"/> Tobacco	<input type="checkbox"/> Weights & Measures	<input type="checkbox"/> Solid Waste
<input type="checkbox"/> Other		

If applicable, SF Tax Collector Business Account Number (BAN):

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Business Name (DBA): _____

Business Address: _____

Date of Closure: _____

Sole Owner Partnership Corporation LLC LP Other _____

Ownership name: _____

Phone #: _____ **Email:** _____

Print Name (Owner, officer, or authorized agent)

Signature (Owner, officer, or authorized agent)

Date

I understand that this declaration is subject to review by the Department of Public Health, Environmental Health. I declare under penalty of perjury that I am an authorized representative of this business entity and that the information contained herein is true and complete to the best of my knowledge and belief.

For Department of Public Health Office Use Only		
BRC/BAN#: _____	Class: _____	Account: _____
Permit/ID: _____		
<input type="checkbox"/> Verified closed during site visit conducted on _____.		
<input type="checkbox"/> Per Tax Collector database, business and/or BAN closed effective _____. This document is for EH record purposes.		
Notes: _____		
Inspector _____	Date _____	<input type="checkbox"/> Reviewed by: _____
Processed by: _____	Date: _____	Notes: _____



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Business Address: _____

Date of Closure: _____

Sole Owner Partnership Corporation LLC LP Other _____

Ownership name: _____

Phone #: _____ **Email:** _____

Print Name (Owner, officer, or authorized agent)

Signature (Owner, officer, or authorized agent)

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