City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH

APPLICATION FOR AUTHORIZED CROSS CONNECTION CONTROL SPECIALIST PERMIT TO OPERATE

1. Cross Connection Control Specialist Information	
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

3. Insurance Information			
Insurance Company	Commercial Liability Policy #	Effective Date	Expiration Date

4. Cross Connection Control Specialist Certification			
☐ AWWA ☐ ABPA ☐ NCBPA ☐ ASSE	Certificate #	Issue Date	Expiration Date

5. Terms and Conditions

Do you acknowledge that the following items must be submitted with this application? (Mark "Yes" to confirm)			***SFDPH OFFICE USE ONLY***
Yes	N/A		
❑	❑	Certificate of Liability Insurance for Commercial General Liability	❑
❑	❑	Cross Connection Control Specialist Certification	❑

I agree to operate in accordance with all applicable federal, state, and local regulations, laws, and ordinances. I understand that this application is subject to review by the San Francisco Department of Public Health, Environmental Health Branch ("SFDPH, EHB"). I declare under penalty of perjury that that the information on this application and materials submitted in support of this application are true and complete to the best of my knowledge and belief. If my permit application is approved, I understand that I must follow the requirements set forth in Article 12A of the San Francisco Health Code to maintain a valid permit, and I will notify EHB of changes to the above information and when I cease testing operations.

Specialist Signature **x** _____ **Date** _____

For Department of Public Health Office Use Only					
Payment Date	App Fee $	Exam Fee $	Total Paid $	Check #	Receipt #
Exam Score	Conditions/Notes:				

To the Director of Public Health, after reviewing this application on _____ , 20_____ ,
❑ I **recommend** the issuance of a Permit to Operate. ❑ I **disapprove** the issuance of a Permit to Operate for the following reasons:

X _____ Inspector		X _____ Manager	
Permit #	Classification	BAN	Permit Activation Date

Revised: 7/2025 ASD