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# CHLOROFLUOROCARBON RECYCLING FORMS



## Hazardous Materials & Waste Program

1390 Market Street  
Suite 210

San Francisco, CA 94102

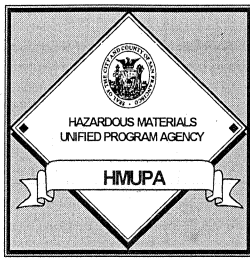
Phone 415.252.3800

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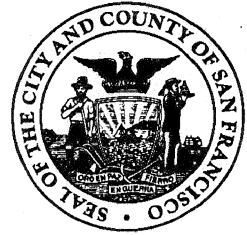
[www.sfenvironmentalhealth.org](http://www.sfenvironmentalhealth.org)

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**Department of Public Health**  
Environmental Health Management  
Hazardous Materials Unified Program Agency  
1390 Market Street, Suite 210  
San Francisco, CA 94102  
(415) 252-3900



## **COMPLIANCE APPLICATION**

### ***Chlorofluorocarbon Recycling***

This application packet contains the permit application form that must be completed annually by any business that is engaged in the recovery and recycling of chlorofluorocarbons from mobile air conditioning units

**In addition to the three forms included in this basic packet,  
OTHER FORMS ARE ALSO REQUIRED.**

**These additional forms depend upon the specific environmental programs under which your business is regulated. Every effort has been made to include all necessary forms in your application packet.**

***Your application has a DUE DATE***

***Failure to submit required documents and fees by this date will result in late fees.***

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## ***FREQUENTLY ASKED QUESTIONS***

### **Why did I receive the compliance Application for a Chlorofluorocarbon Recycling Permit?**

You received this packet because the Department of Public Health has reason to believe that your business includes mobile air conditioning system repair where chlorofluorocarbon refrigerants are recycled.

### **What do I have to do to comply?**

Article 24 of the San Francisco Health Code (CFC Recovery and Recycling Ordinance) requires all people or businesses that repair, install, dismantle or dispose of motor vehicle air conditioning units to obtain a CFC Permit to Operate.

### **What do I need to do to obtain a CFC Recycling permit?**

In order to obtain a CFC Recycling permit, you must follow these steps:

1. Send for the self-administered training course and have each employee that operates the CFC recycling equipment successfully complete it.
2. Complete the enclosed CFC permit application form.
3. Submit the **application form, copies of the CFC operator certificates from MACS and fees to HMUPA at the address below by your due date.** Retain copies for our records.
4. Complete **Forms A, B and C** (Basic Compliance Application) and any other forms that might be required for other HMUPA program elements.

If your activities or business no longer includes repair, installation, dismantling, or disposal of mobile or motor vehicle air conditioning units, please complete the top portion of the application form, check the "NO" box and return to HMUPA.

### **Besides submitting forms and paying fees is there anything else I have to do?**

Yes. You must also do the following:

- Assure that air conditioning work is only be performed by persons who have successfully completed an approved training course. The course must cover the proper use of approved CFC recycling equipment and standards for recovery and recycling of used CFCs from motor vehicle or mobile air conditioning units which are as stringent as the Society of Automotive Engineers Standard SAE J-1989. The training course and self administered test can be purchased from the Mobile Air Conditioning Society (MACS) at 9215)679-2220. Their mailing address is P.O. Box 100, East Greenville, PA 18041
- Air conditioning work is performed using approved CFC recycling equipment that meets the standards of SAE J-1990. To verify that CFC recovery and recycling equipment meets this standard, please contact the Underwriter's Laboratory at (847) 272-8800. Their mailing address is 333 Pfingsten Rd. Northbrook, IL 60062.
- Correct any violations that are identified during on-site inspections

**What is the fee for a CFC Permit?**

Refer to the Fee Charts included in the HMUPA Basic Compliance Application Packet (blue pages) to determine fees for all program elements

**Are these forms available on line?**

Yes.Type

<http://www.sfdph.org/dph/comupg/oprograms/EHS/HMUPA/HMUPAFormsMenu.asp>.

Click on the diesel back-up generator form under the *other forms* section.

**Can HMUPA accept data electronically?**

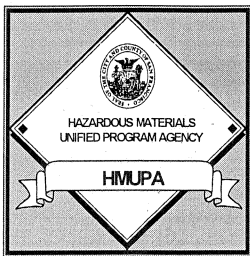
No. We are not currently able to accept data in an electronic format.

**Who do I call if I need help?**

If you know your HMUPA district inspector, please call them directly. If you do not know who your district inspector is, call 252-3900 and ask for your district inspector. You will be asked to provide your street address.

**Are there penalties for non-compliance?**

YES! *Non-compliance is expensive.* Even an oversight like neglecting to submit this application on time might double your fees. ***You can avoid this by on time submittal.*** Penalties for non-compliance may be \$2000 per day per violation or even higher. Act immediately to avoid penalties.



Environmental Health Management  
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**CHLOROFLUOROCARBON (CFC) PERMIT  
APPLICATION FORM**

Pursuant to the San Francisco Health Code, Article 24, all businesses that install, repair or dismantle mobile air conditioning units, must obtain a permit from the City and County of San Francisco.

In order to obtain a CFC permit, you must complete the the Business Activity Declaration Form(A) Business Owner Operator Form(B), the Invoice and Fee Calculation Form(C) and this CFC Permit Application Form.

Complete or apply label:

Facility ID#	Business Name
Business Address	

Business Type : (check one)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Auto Body   | <input type="checkbox"/> Auto Dismantler       |
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Air Conditioning Shop |
| <input type="checkbox"/> Auto Dealer | <input type="checkbox"/> Other _____           |

Check the appropriate box to indicate whether your facility operates a mobile air conditioning unit:

☐ YES (Complete the entire form.)      ☐ NO (You can stop here and sign the bottom of the page.)

California Bureau of Auto Repair No. \_\_\_\_\_

Number of CFC Units: \_\_\_\_\_

Unit #	Unit Serial No.	Manufacturer	Model No.	Year Purchased Or Leased	Type of Unit	
					Stationary (On-Site)	Mobile (Off-Site)
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>

Use additional sheets if necessary

TYPE OF PERMIT: (Check one)

☐ New

☐ Renewal

Names of Certified Operators	MACS/AIASE Certificate No. (Attach Copies of Certificates)

**CERTIFICATION --** Notice that information has been provided in accordance with appropriate regulations for hazardous waste/materials.

I certify under penalty of law that this form and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Applicant

Date

Printed Name

Title



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