

Shared Mobility Device Application

FORM **DS-801**

JUNE 2021

Instructions

The following Permit application sets out the City of San Diego requirements for a shared mobility device Operator participating in the 6-month Shared Mobility Device Permit.

One hard copy must be submitted in person and one digital copy (PDF) must be sent by email to SharedMobilityDevice@sandiego.gov.

Operator must include all information listed below. The application will not be considered complete until all documentation has been received.

Permit processing will take approximately 4-6 business days upon receipt of a complete application. If application is received incomplete, expect delays in processing. Applications will only processed during the months of January and July. The earliest date Permits will be issued is **January/July 1**st.

The following documents are required to process your permit:

☐ Application (DS-801)
☐ Business Tax Certificate
lue Insurance Requirements (DS-802) and Proof of Insurance
☐ Indemnification Agreement (DS-803)
☐ Performance Bond (DS-804)
☐ Operator Verification (DS-805)
☐ Fleet Information (DS-806)
☐ Letter of Application Program Interfaces (API) Compliance
☐ Equity Program (Optional)
☐ Permit Fees Worksheet + Payment



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		JOINE 2021	
Type: Initial Permit Renewal Application		Permit No.: For City Use Only	
Name/Firm Name		San Diego Business License Number	
Business Address	City, State, Zip Code		
Primary Contact Name	Title		
Phone Number	Email Address		
Alternate Contact Name	Title		
Phone Number	Email Address		
Local Contact Name	Title		
Phone Number	Email Address		
General Contact Phone Number	Local Address		
Application Materials: ☐ Business Tax Certificate ☐ Insurance Requirement & ☐ Performance Bond ☐ Operator Verification	☐ Fleet Information ☐ Letter of Application Program Interfaces (API) Compliance	☐ Equity Program (optional) ☐ Permit Fees Worksheet ☐ Usage Data	
I CERTIFY BY SIGNING BELOW, EACH CRITERION OUTLINED IN THE PERMIT HAS BEEN MET AND WILL BE CORRECT AND ACCURATE UPON AN AUDIT CONDUCTED BY THE CITY OF SAN DIEGO			
Print Name	Title		
Signature		Date	
FOR CITY USE ONLY			
Date Documents Received	Permit Approved	Permit Denied	
Documents Reviewed By	Permit Issued Date		
Number of Approved SMD:	Number of Temporary Approved SMD:		
Motorized Scooter#	Motorized Scooter#		
Electric Bike#	Electric Bike#		
Motorized: Bike#	Motorized: Bike#		



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NAME/FIRM NAME	PERMIT NO.:	
VERIFICATION OF RENEWAL PE	RMIT REQUIREMENTS	
DIRECTIONS : Read and initial below to signify Open	rator verifies or assents to each statement.	
Shared Mobility Device Operators are responsible for pro	oviding updated documents when they expire.	
Operator verifies continuation of liability coverage rethins permit period, the Operator will provide the City documents within 30 calendar days of expiration.		
Operator verifies bond coverage meets requirement bond coverage expires during this permit period, the proof the bond premium renewal has been paid with the proof the bond premium renewal has been paid to be a proof the bond premium renewal has been paid to be a proof the bond premium renewal has been paid to be a proof the bond premium renewal has been paid to be a proof the bond premium renewal has been paid to be a proof the bond premium renewal has been paid to be a proof the bond premium renewal has been paid to be a proof the bond premium renewal has been paid to be a proof the bond premium renewal has been paid to be a proof the bond premium renewal has been paid to be a proof the bond premium renewal has been paid to be a proof the bond premium renewal has been paid to be a proof the bond premium renewal has been paid to be a proof the bond premium renewal has been paid to be a proof to be	ne Operator will provide the City of San Diego	
Note: If the bond amount has changed, you will ne required seals and notarized stamps.	eed to provide updated bond documents with the	
Operator verifies continuation of valid business lice business license certificate expires during this pern Diego with a copy of the updated business license of the updated business lic	nit period, the Operator will provide the City of Sar	
No Shared Mobility Device permit will be issued un documents and this form has been initialed, signed, ar		
Name (print):	_	
Title:	_	
Signature:		