



CITY OF AUSTIN  
AUSTIN TRANSPORTATION DEPARTMENT

REPORT OF NEW/REPLACEMENT EQUIPMENT

Date \_\_\_\_\_ Company Name \_\_\_\_\_

E-mail Address (optional): \_\_\_\_\_

I. Type of License: Dockless Mobility

II. Please complete sections A through B below. **Do not leave any blanks.** Description of the unit placed into service:

\_\_\_\_\_  
Unit #

\_\_\_\_\_  
Serial #

A. Description of unit removed from service:

\_\_\_\_\_  
Unit #

\_\_\_\_\_  
Serial #

I certify that all information contained in this report is true and correct. I also certify that this vehicle meets and will be maintained to the applicable standards described in Chapter 14-9 of the Austin City Code.

\_\_\_\_\_  
Signature of Company Agent

\*If a vehicle is being removed from service, you **MUST** complete the lower section of this form and return it to our office, along with the scraps of the previously issued permit for that unit. Should a unit need to be replaced with another one, you would complete the same process of bringing in the scraps of the old permit. **Please note there will be a \$20 replacement permit fee. The scraps are required as proof that the unit is not still operating.**