



# Shared Mobility Device Permit Application Form

**Fairfax County**  
**Department of Cable and Consumer Services**  
**Regulation and Licensing Branch**

12000 Government Center Parkway, Suite 127  
Fairfax, Virginia 22035-0047  
703-324-5966 TTY 711 fax 703-449-8659  
[consumer@fairfaxcounty.gov](mailto:consumer@fairfaxcounty.gov)

Registration Date: \_\_\_\_\_ **Department use only:** Approved/Denied: \_\_\_\_\_ Operator Permit # \_\_\_\_\_  
Date: \_\_\_\_\_

Complete all applicable blanks on this form. Please attach all below required documentation pursuant to Fairfax County Code, Chapter 86:

- Number of Shared Mobility Device Certificates requested from Fairfax County \_\_\_\_\_
- Attach copy of Fairfax County Business, Professional and Occupational License (BPOL).
- Attach copy of proof of insurance.
- Attach copy of proof of surety bond or other letter of credit.
- Attach a list with a unique identification number for every mobility device to be operated in Fairfax County.
- Attach proof of company name and telephone number displayed on the Shared Mobility Device.

Company Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Local Address:**  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**By my signature, I certify that all the information provided by me on this application is true to the best of my knowledge.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY:** Sworn and Subscribed before me in the County/City of \_\_\_\_\_, \_\_\_\_\_ on  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Commission Expires