



Public Works – Transportation Division  
1947 Center Street, 4<sup>th</sup> Floor  
Berkeley, CA 94704

**Shared Electric Micromobility Permit Program (SEMPP)**  
*Fleet Cap Increase Request*

**Calendar Year Quarter used for Assessment:** \_\_\_\_\_

**Requested Percent Fleet Increase (%):** \_\_\_\_\_

Please provide rationale for percent increase. *Note, if fleet increase is approved, the device type ratio must be maintained. City reserves right to cap fleet sizes as needed.*

To be completed by City:			
Key Performance Indicators	Month 1	Month 2	Month 3
Utilization >1.00 for 3 consecutive months			
EPC Coverage ≥50% of devices deployed in EPCs for 3 consecutive months			
Timely Resolution Rate ≥ 90% quarterly compliance with complaint <u>resolution</u> requirements <u>for 3 consecutive months</u>			
Request approval (Y/N): _____			
Assessment completed by: _____			