

MV-1L (8-07)

Department of Transportation
Bureau of Motor Vehicles
1101 S. Front Street
Harrisburg, PA 17104-2516

APPLICATION FOR LESSEE INFORMATION

FOR DEPARTMENT USE ONLY

APPLICATION TO ADD, CHANGE OR DELETE LESSEE INFORMATION FOR A LEASED VEHICLE**CHECK ? THE APPROPRIATE BLOCK:**☐**Daily Rental Vehicle** - Complete Sections A, B and E.☐**Leased Vehicle** - Check the appropriate box below and complete sections indicated:☐

Add Lessee Information - Complete Sections A through E.

☐

Change Lessee Information - Complete Sections A and C (if changed), D (if changed) and E.

☐

Delete Lessee Information - Complete Sections A and E.

NOTE: Any changes in this information provided at time of the original application will require a new MV-1L to be completed and returned to the Department (i.e., daily rental to long term lease, long term to daily rental).

A VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER	TITLE NUMBER	REGISTRATION PLATE NUMBER
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B VEHICLE OWNER INFORMATION - NOTE: The title will always be in the name of the owner and mailed to the owner or encumbrance holder.

LAST NAME OR FULL BUSINESS NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS		
CITY	STATE	ZIP CODE

C LESSEE INFORMATION - Person/Company leasing the vehicle from the vehicle owner.

APPLICANT LAST NAME OR FULL BUSINESS NAME	FIRST NAME	MIDDLE NAME	PA DL OR PHOTO ID # OR BUS. ID #	DATE OF BIRTH
CO-APPLICANT LAST NAME	FIRST NAME	MIDDLE NAME	PA DL OR PHOTO ID #	DATE OF BIRTH
CURRENT STREET ADDRESS				
CITY	STATE	ZIP CODE		

D MAILING INFORMATION - Please read each column heading.

Check the appropriate block to indicate the proper combination	Registration owner - who keeps the registration plate when the lease expires.	Registration document recipient - who will receive the registration plate, card, sticker, weight class decal, and VIN plate.	Application to renew recipient - who will receive the registration renewal application.
0 <input type="checkbox"/>	VEHICLE OWNER	VEHICLE OWNER	VEHICLE OWNER
1 <input type="checkbox"/>	VEHICLE OWNER	LESSEE	VEHICLE OWNER
5 <input type="checkbox"/>	VEHICLE OWNER	VEHICLE OWNER	LESSEE
6 <input type="checkbox"/>	LESSEE	LESSEE	VEHICLE OWNER
7 <input type="checkbox"/>	LESSEE	VEHICLE OWNER	LESSEE
2 <input type="checkbox"/>	LESSEE	LESSEE	LESSEE

E CERTIFICATION

I certify all information listed above is true and correct.

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Signature of Vehicle Owner or Authorized Person

Date