



Pennsylvania
Department of Transportation

APPLICATION FOR LESSEE INFORMATION

APPLICATION TO ADD, CHANGE OR DELETE LESSEE
INFORMATION FOR A LEASED VEHICLE

For Department Use Only

Bureau of Motor Vehicles • PO Box 68593 • Harrisburg, PA 17106-8593

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 PennDOT (i.e., daily rental to long term lease, long term to daily rental).

A VEHICLE INFORMATION			
Vehicle Identification Number		Title Number	Registration Plate Number

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	County	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/Photo ID# or Bus ID#	Date of Birth
Co-Applicant Last Name		First Name	Middle Name	PA DL/Photo ID#	Date of Birth
Current Street Address					
City		County	State	Zip Code	

D MAILING INFORMATION - Please read each column heading.			
Check the appropriate block to indicate the proper combination	Registration owner - keeps the registration plate when the lease expires.	Registration document recipient - receives the registration plate, card and VIN plate.	Application to renew recipient - receives 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.	
_____	_____
Signature of Vehicle Owner or Authorized Person	Date