

**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).**

<b>A VEHICLE INFORMATION</b>				
VEHICLE IDENTIFICATION NUMBER		TITLE NUMBER		REGISTRATION PLATE NUMBER
<b>B VEHICLE OWNER INFORMATION - NOTE: The title will always be in the name of the owner and mailed to the owner or encumbrance holder.</b>				
LAST NAME OR FULL BUSINESS NAME		FIRST NAME	MIDDLE NAME	
STREET ADDRESS				
CITY			STATE	ZIP CODE
<b>C LESSEE INFORMATION - Person/Company leasing the vehicle from the vehicle owner.</b>				
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
<b>D MAILING INFORMATION - Please read each column heading.</b>				
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	
<b>E CERTIFICATION</b>				
I certify all information listed above is true and correct.				
X _____ Signature of Vehicle Owner or Authorized Person			_____ Date	