



Tennessee Department of Revenue  
Vehicle Services Division

500 Deaderick Street  
Nashville, TN 37242

**Leased Vehicle  
Owners Authorization to Lessee**

THE DESCRIBED VEHICLE:	
MAKE _____	YEAR MODEL _____
BODY TYPE _____	VIN _____

**Lessor (Vehicle Owner):**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Complete Mailing Address

The Lessee has leased the vehicle described in this form. Under the terms of the lease, Lessee has exclusive control of its operation for a period of not less than 90 days. Lessor authorizes Lessee to register the vehicle as provided by T.C.A. Section 55-4-101 (d)(1) and to change the classification of the registration prior to its expiration or prior to the termination of the lease.

Lessor authorizes the State of Tennessee to register the vehicle in Lessee's name (\$2.00 fee required). Lessor waives its rights to any license plate issued to Lessee.

**Lessee Registrant (owner of plate):**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Complete Mailing Address

*To be Completed by Lessor*