

**TENNESSEE DEPARTMENT OF SAFETY
TITLE AND REGISTRATION DIVISION
LEASED VEHICLE
OWNERS AUTHORIZATION TO LESSEE**



The described vehicle:

MAKE _____ YEAR MODEL _____ BODY TYPE _____

VIN _____

LESSOR'S (VEHICLE OWNER'S) NAME _____

MAILING ADDRESS _____
Street or P. O. Box _____ City _____ State _____ Zip _____

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.

The 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.

Printed name and Address of Lessee Registrant (owner of plate)

Lessor's Signature