

MINNESOTA DEPARTMENT OF PUBLIC SAFETY

DRIVER AND VEHICLE SERVICES 445 Minnesota Street St. Paul, MN 55101-5160

Lessee Designation

Print this completed form. This form can be mailed or submitted in person to any motor vehicle Deputy Registrar office, or to Driver and Vehicle Services, 445 Minnesota Street, St. Paul, Minnesota 55101-5160. For office locations, call 651-297-2005.

- This form records the person or group leasing a motor vehicle from a designated company (lessor). It must be signed by the lessor's authorized agent.
- A filing fee is due when submitting a lessee designation. To determine the amount due, visit dvs.dps.mn.gov and select Fees, or call 651-297-2126.

A. Vehicle	Information (PRINT OR TYPE)				
Year	Make	Model	Туре	Plate Number	
Vehicle Iden	tification Number				
B. Lessee	Information (PRINT OR TYPE)				
Lessee's Na	me (LAST, FIRST, MIDDLE NAME)	Date of Birth (MM/DD/Y	DL Number (OMIT DASH	IES)	
L cocce's No	mo // ACT FIRST MIRRIE NAME	Date of Birth (MM/DD/Y	DI Number (ONIT DAG)	IFO)	
Lessee's Na	Me (LAST, FIRST, MIDDLE NAME)	Date of Biltil (MM/DD/Y	r) DL Number (OMIT DASH	ies)	
Street Addre	ess	City / State / Zip code		County	
C. Lessee	Removal - if applicable (PRINT	OR TYPE)			
Lessee's Name (LAST, FIRST, MIDDLE NAME)		Date of Birth (MM/DD/Y)	DL Number (OMIT DASH	DL Number (OMIT DASHES)	
D. Leasing	Company (Lessor) Inform	ation (PRINT OR TYPE)			
Name of Lea	asing Company (Lessor)				
		rehicle application is required I registration, or other requeste		this required data may result in	
information				I by law are entitled to view the	
data.					
X					
Signature of Authorized Agent				Date (MM/DD/YY)	