



Virginia Department of Motor Vehicles
 Post Office Box 27412
 Richmond, Virginia 23269-0001
 www.dmv.virginia.gov

FOR-HIRE VEHICLES LEASE AGREEMENT

Purpose: Use this form to execute a formal lease agreement per Virginia Code §§ 46.2-2001 and 46.2-2155 between a vehicle owner and a owner of a Commercial Intrastate operating authority certificate or permit. You can also use this form to terminate a previously executed lease agreement.

Instruction: Submit this form to DMV Motor Carrier Services by fax: (804)367-1058; email: mcsonline@dmv.virginia.gov; or mail to Motor Carrier Services at the address provided above.

Once this request has been processed, you will be notified by DMV Motor Carrier Services to visit a DMV customer service center to obtain the for-hire registration and license plates.

NOTE: You are not required to complete this form if you are transporting property for compensation exclusively by passenger cars, motorcycles, autcycles, mopeds, and vehicles with a gross vehicle weight rating of 10,000 pounds or less.

VEHICLE OWNER INFORMATION			
VEHICLE OWNER NAME	VEHICLE CO-OWNER NAME	DMV VEHICLE OWNER CUSTOMER NUMBER	
PRIMARY CONTACT NAME (IF VEHICLE OWNER IS A BUSINESS)		EMAIL ADDRESS	PHONE NUMBER

LEASED VEHICLE(S) INFORMATION				
Up to three vehicles may be submitted on this form IF all the vehicles have the same owner information.				
YEAR	MAKE/MODEL	TITLE NUMBER	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER
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Check here if you are **TERMINATING** a previously executed lease agreement and then skip to "Certification/Signature" section located on page 2.

COMMERCIAL INTRASTATE OPERATION LEASE INFORMATION			
Add a vehicle to an active operating authority when the name on the title does NOT match the name of the operating authority. (Example: operating authority owner~ John's Trucking LLC; Vehicle title name~ John Smith)			
Complete this section if the vehicle(s) listed above are not titled in the same name as the Commercial Intrastate operating authority holder.			
FULL NAME - COMMERCIAL INTRASTATE OPERATING AUTHORITY CERTIFICATE OR PERMIT HOLDER	DMV CUSTOMER NUMBER	OPERATING AUTHORITY TYPE & NUMBER	
NAME OF AUTHORIZED REPRESENTATIVE	PHONE NUMBER	EMAIL ADDRESS	
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE

Lease requirements - the company holding the operating authority certificate or permit must maintain operational control (excluding personal use) of the vehicle to include advertising and contracting activities and insure the vehicle under the company's fleet coverage policy. A written lease agreement that complies with DMV requirements must be completed between the lessor (vehicle owner) and lessee (owner of operating authority certificate or permit). **Insurance confirmation (leased vehicle listed on Operating Authority policy) must be submitted with this form.**

The lease agreement must be kept in the vehicle at all times. The vehicle owner and the operating authority certificate or permit owner certify by signing below that their lease agreement complies with the lease requirements.

LEASE START AND END DATES	
LEASE START DATE (mm/dd/yyyy)	LEASE END DATE (mm/dd/yyyy)

LEASE AGREEMENT INFORMATION AND CERTIFICATION
The lessor and lessee agree by filing this document with the DMV that for the duration of the lease the motor vehicle or motor vehicles named in this document shall be operated by and under the complete control of the lessee for the duration of the lease, and
The operating authority owner is required to notify DMV Motor Carrier Service, in writing if the vehicle lease is terminated. Operating authority owner is required to inform the vehicle owner / lessor that the lease is terminated and the plates must be returned to the DMV, and
That neither the lessee or lessor shall enter into any other contract or subcontract for lease or sublease, or any arrangement that would contradict the information provided in this lease, and

That the lessee will maintain automobile liability insurance under a policy issued under the lessee's name through an insurance company licensed to do business in Virginia for the motor vehicle or vehicles named in this lease, and

That no transportation shall be provided, arranged, advertised, solicited, offered, negotiated, furnished, sold or contracted with the leased motor vehicle or vehicles except through the lessee who holds the certificate or permit issued by DMV referenced above, and

That any trip sheet, contract, contract order, estimate for services, or any other means used for billing or confirming transportation to be performed with the leased motor vehicle or vehicles must identify the lessee as the transportation provider, and

That the motor vehicle or vehicles meet the marking requirements found in Virginia Code §46.2-1076 and 49 CFR §390.21 as applicable, and

That, by the signatures of the lessor and lessee, or their lawful agents, they are severally and jointly bound thereby:

POWER OF ATTORNEY FOR NON-RESIDENT(S) AND CORPORATION(S) NOT DOMICILED IN VIRGINIA

Pursuant to the provisions of Virginia Code §46.2-601, I/we appoint the Commissioner of the Department of Motor Vehicles of the Commonwealth of Virginia, to be my/our true and legal agent upon whom all legal processes against me/us may be served in any legal proceeding arising from the operation and/or use of any motor vehicle registered in my/our name(s) in the Commonwealth of Virginia. I/we agree that any lawful process or notice to me/us which is served on the Commissioner shall have the same legal effect as if served on me/us within the Commonwealth of Virginia.

INSURANCE CERTIFICATION

I/We certify that this vehicle is insured by a liability policy issued through an insurance company licensed to do business in Virginia and it will remain insured while registered, whether or not it is operated. Penalties are severe for violation of this requirement.

NAME OF INSURANCE COMPANY

CERTIFICATION/SIGNATURES

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

NAME OF OPERATING AUTHORITY OWNER / LESSEE NAME (print)		TITLE (If Applicable)	
OPERATING AUTHORITY OWNER / LESSEE SIGNATURE		DATE	
NAME OF VEHICLE OWNER / LESSOR NAME (print)		TITLE (If Applicable)	
VEHICLE OWNER / LESSOR SIGNATURE		DATE	
NAME OF CO-VEHICLE OWNER / LESSOR NAME (print)		TITLE (If Applicable)	
CO-VEHICLE OWNER / LESSOR SIGNATURE		DATE	