

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
IRP LEASE AGREEMENT INFORMATION FORM

Please submit this form to the Bureau of Commercial Vehicle and Driver Services or your local IRP office.

If the motor carrier (lessee) is the registrant, a copy of the lease agreement between the lessor and the lessee (and a copy of the out-of-state title, if applicable), must be submitted.

Year	Make	Vehicle Identification Number	Fuel Type	Gross Vehicle Weight
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Duration of Lease

Lease Term Start Date	Lease Term End Date
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Lessee (IRP Account Holder)

I certify that a written lease agreement exists with the registered owner (lessor) designating me as being responsible for lease of Vehicle Equipment USDOT/TIN

I further certify that I will maintain a copy of the lease agreement with the vehicle and on file with the Florida Department of Highway Safety and Motor Vehicles (FLHSMV) until the lease has been terminated, or the lease term ends, and a letter of the lease termination has been received and acknowledged by the FLHSMV.

Lessee (IRP Account Holder)	IRP Account Number	Tax ID Number (TIN)	
Physical Address	City	State	Zip
Owner, Partner, Officer Name (Print)	Phone ()		
Lessee Signature	Title	Date	

Lessor (Registered Owner of Vehicle or USDOT/TIN)

I certify that the agreement indicated above exists and a copy is attached and that upon termination of the agreement, I will establish the required IRP accounts or provide a properly executed Lease Agreement Certificate to the FLHSMV with another lessee.

Lessor (Registered Owner of Vehicle or USDOT/TIN Name)	US DOT #	Tax ID Number (TIN)	
Physical Address	City	State	Zip
Registered Owner of Vehicle or USDOT/TIN Name (Print)	Phone ()		
Lessor Signature	Title	Date	