WASHINGTON STATE DEPARTMENT OF LICENSING

RESET

Leased Vehicle Listing

Prorate account number_____ Fleet number_____ Registration year _____

Name of account _____

Prism long-term leasing information instructions
You must complete this form if you are the lessor of any vehicles which are long-term leased (31 days or more) to another motor carrier, but remain in your prorate fleet. Please list the following:

- Vehicle Identification Number (VIN)
- Name of lessee motor carrier
- USDOT number of lessee motor carrier
- Taxpayer Identification number of lessee motor carrier

If a column doesn't apply, enter N/A.

This form must be completed and returned with your renewal to:
Prorate Section
Department of Licensing
PO Box 9036
Olympia, WA 98507-9036

VIN	Name of lessee motor carrier	USDOT number	Taxpayer identification number

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.