



TENNESSEE DEPARTMENT OF REVENUE  
VEHICLE TAXPAYER SERVICES DIVISION  
MULTI-PURPOSE APPLICATION

## OFFICIAL VEHICLE REGISTRATION

|                                                                                                                                                                                                                                                                            |                    |                                                        |                                                                                                                                           |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| NEW OR CURRENT TITLE NUMBER<br><b>91400943</b>                                                                                                                                                                                                                             |                    | TRANSACTION CODE<br><b>N01</b>                         | REGISTRATION ONLY NUMBER                                                                                                                  |                                |
| OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) <b>5</b> MAO <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/> |                    |                                                        |                                                                                                                                           |                                |
| LAST NAME<br><b>WELLS FARGO EQUIPMENT FINANCE INC</b>                                                                                                                                                                                                                      |                    | FIRST NAME<br><b>WELLS FARGO EQUIPMENT FINANCE INC</b> | MIDDLE INITIAL                                                                                                                            | MIDDLE INITIAL                 |
| ADDRESS 1 (MAILING)<br><b>3100 WEST END AVE STE 530</b>                                                                                                                                                                                                                    |                    | ADDRESS 2 (PHYSICAL)<br><b>733 MARQUETTE AVE 700</b>   |                                                                                                                                           |                                |
| CITY<br><b>NASHVILLE</b>                                                                                                                                                                                                                                                   | STATE<br><b>TN</b> | ZIP CODE<br><b>37203</b>                               | CITY<br><b>MINNEAPOLIS</b>                                                                                                                | STATE<br><b>MN</b>             |
| CITY OF RESIDENCE, PRINCIPAL BUS OR INCORP LOCATION<br><b>DAVIDSON 019</b>                                                                                                                                                                                                 |                    | PURCHASE DATE<br><b>07/01/2013</b>                     | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/><br><small>SEE REVERSE SIDE FOR INSTRUCTIONS</small> | TELEPHONE #<br><b>339 5218</b> |
|                                                                                                                                                                                                                                                                            |                    | *PLACARD HEARING IMPAIRED CLS/YR                       | *INSURANCE POLICY #                                                                                                                       |                                |

|                                                          |                          |                     |                        |                         |                               |                                         |                                                                                                                              |                                    |                  |
|----------------------------------------------------------|--------------------------|---------------------|------------------------|-------------------------|-------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------|
| VIN<br><b>1GRAP062XEJ642497</b>                          |                          | MAKE<br><b>GDAN</b> | MODEL<br><b>CCC</b>    | YEAR<br><b>2014</b>     | BODY<br><b>SE</b>             | TITLE BRAND - translation<br><b>NEW</b> | CODE<br><b>N</b>                                                                                                             | TYPE OF FUEL - translation         | CODE<br><b>9</b> |
| SURRENDERED TITLE #<br><b>MSO</b>                        |                          | STATE<br><b>TN</b>  | PREVIOUS STATES TITLED | VEHICLE USE<br><b>B</b> | VEHICLE TYPE<br><b>S</b>      | CURRENT MILEAGE                         | ODOMETER ACTUAL (0) NOT ACTUAL (3)<br>INDICATOR OVER 10 YRS / 16,000 LBS (1)<br>(Lft one) IN EXCESS OF MECHANICAL LIMITS (9) | CODE<br><b>1</b>                   |                  |
| COLOR CODE (enter appropriate code)<br>UPPER<br><b>9</b> | MOBILE HOME LGTH<br>WOTH | # AXLES             | GROSS VEHICLE WEIGHT   |                         | *VEHICLE TRADE-IN DESCRIPTION |                                         |                                                                                                                              | COMPANY VEHICLE #<br><b>277506</b> |                  |

|                                                                                                                                         |                                                |                  |                        |                          |                                      |                         |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------|------------------------|--------------------------|--------------------------------------|-------------------------|-----------------------------------------------|
| PLATE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS |                                                |                  |                        |                          |                                      |                         |                                               |
| PLATE # (1)<br><b>U445424</b>                                                                                                           | CLASS CODE/ISSUE YR (1)(3)<br><b>8020/1994</b> | VALIDATION # (1) | COUNTY STICKER # (1)   | CITY STICKER # (1)(2)    | *PLATE # (TRADE IN) (2)              | CLASS CODE/ISSUE YR (2) | EXPIRATION DATE (1)(2)(3)<br><b>PERMANENT</b> |
| TDR STICKER # (4)                                                                                                                       | TEMP OPERATOR PERMIT # (3)                     | # OF SEATS (5)   | ZONE (COUNTY NAME) (6) | USDOT / REGISTRANT # (7) | MOTOR CARRIER # (8)<br><b>277506</b> |                         |                                               |

|                                    |                   |      |       |           |
|------------------------------------|-------------------|------|-------|-----------|
| LIEN INFORMATION (if lien present) |                   |      |       |           |
| LIEN CODE                          | FIRST LIENHOLDER  |      |       | LIEN DATE |
| STREET                             |                   | CITY | STATE | ZIP CODE  |
| LIEN CODE                          | SECOND LIENHOLDER |      |       | LIEN DATE |
| STREET                             |                   | CITY | STATE | ZIP CODE  |

|                                                   |  |                                       |                                    |                              |                              |
|---------------------------------------------------|--|---------------------------------------|------------------------------------|------------------------------|------------------------------|
| *LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE) |  | LEGAL STATUS <input type="checkbox"/> | NAME CODE <input type="checkbox"/> | MAO <input type="checkbox"/> | ILU <input type="checkbox"/> |
| NAME                                              |  | NAME                                  |                                    |                              |                              |
| ADDRESS                                           |  | CITY                                  | STATE                              | ZIP CODE                     |                              |

|                                                                                   |                    |                                                                        |               |                                                         |
|-----------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------|---------------|---------------------------------------------------------|
| VEHICLE COST / TAX INFORMATION * (required for Title & Registration Transactions) |                    |                                                                        |               |                                                         |
| SALE PRICE                                                                        | TRADE IN ALLOWANCE | TAXABLE AMOUNT                                                         | SALESTAX PAID | *TAX EXEMPTION REASON / SALES TAX #<br><b>100551600</b> |
| DEALER NAME<br><b>WELLS FARGO EQUIPMENT FINANCE</b>                               |                    | DEALER ADDRESS<br><b>3100 WEST END AVE STE 530 NASHVILLE, TN 37203</b> |               | DEALER #<br><b>2</b>                                    |

|                               |                                 |                                    |                                                    |                                  |                                    |
|-------------------------------|---------------------------------|------------------------------------|----------------------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> LOST | <input type="checkbox"/> STOLEN | <input type="checkbox"/> MUTILATED | <input type="checkbox"/> RTN'D DUE TO NON DELIVERY | <input type="checkbox"/> ALTERED | <input type="checkbox"/> ILLEGIBLE |
|-------------------------------|---------------------------------|------------------------------------|----------------------------------------------------|----------------------------------|------------------------------------|

|                                                                                                                                                                                                                                                                                                      |                                                        |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
| Under penalties of perjury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division or its assignees to determine the accuracy of the information provided by me or on my behalf. |                                                        |                                                          |
| SIGNATURE OF CERTIFIER/OWNER                                                                                                                                                                                                                                                                         | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) | DATE<br><b>7/10/2013 8:58:43 AM</b><br><b>07/10/2013</b> |

|                                                                                       |                                |                        |                                          |                                                                                  |                                       |
|---------------------------------------------------------------------------------------|--------------------------------|------------------------|------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------|
| INVOICE NUMBER<br><b>13191 @</b>                                                      | COUNTY NAME<br><b>DAVIDSON</b> | GO NUMBER<br><b>19</b> | DATE OF APPLICATION<br><b>07/10/2013</b> | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)<br><b>BRENDA WYNN</b> | <b>DLR - CBRAY - 1</b>                |
| OFFICE USE ONLY<br>REGISTRATION FEE<br><b>79.75</b>                                   |                                |                        |                                          |                                                                                  |                                       |
| CREDIT                                                                                | LEASE FEE                      | TRANS FEE              | CLERK FEE                                | ISSUANCE FEE<br><b>12.00</b>                                                     | TITLE FEE<br><b>5.50</b>              |
| SALES OR USE TAX                                                                      | SA TAX                         | LOCAL TAX              | ADDITIONAL TAX                           | COLLECTED IN STATE OF                                                            | COUNTY WHEEL TAX                      |
| COMPUTATION OF<br><input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX | SALES OR USE TAX               | SA TAX                 | LOCAL TAX                                | ADDITIONAL TAX                                                                   | COLLECTED IN STATE OF                 |
| *SERVICE OPT FEE                                                                      | ORGAN DONOR                    | POSTAGE                | VER                                      | ID / RESIDENCY VERIFICATION                                                      | *TOTAL FEES COLLECTED<br><b>97.25</b> |

SF-1357 Port: WK128/DR156/8020 Cash: 0.00 Check: 0.00 Check#: Credit: 0.00 Auth#: Change: 0.00 RDA-692