



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

OFFICIAL VEHICLE REGISTRATION

|                                                                                                                                                                                                                                                                                                      |  |                                                                                  |  |                                                                                                                            |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| NEW OR CURRENT TITLE NUMBER<br><b>91400969</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<br><b>WELLS FARGO EQUIPMENT FINANCE INC</b>                                                                 |                                     |
| 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>                                                               |  | ZIP CODE<br><b>55402</b>                                                                                                   |                                     |
| CITY OF RESIDENCE/PRINCIPAL BUS OR VEHICLE 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>SEE REVERSE SIDE FOR INSTRUCTIONS |                                     |
| TELEPHONE #<br><b>339 5218</b>                                                                                                                                                                                                                                                                       |  | *PLACARD/HEARING IMPAIRED CLS/YR                                                 |  | *INSURANCE POLICY #                                                                                                        |                                     |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                  |  |                                                                                  |  |                                                                                                                            |                                     |
| VIN<br><b>1GRAP0627EJ642506</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<br><b>9</b>                                           |  | 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 (8)<br>INDICATOR OVER 10 YRS / 16,000 LBS (1)<br>(List one) III EXCESS OF MECHANICAL LIMITS (9)                                                                                                                                                                       |  | CODE<br><b>1</b>                                                                 |  |                                                                                                                            |                                     |
| COLOR CODE (enter appropriate code)<br>UPPER<br><b>9</b>                                                                                                                                                                                                                                             |  | MOBILE HOME<br>LGTH<br><b>2775</b>                                               |  | WIDTH<br><b>15</b>                                                                                                         |                                     |
| # AXLES                                                                                                                                                                                                                                                                                              |  | GROSS VEHICLE WEIGHT                                                             |  | *VEHICLE TRADE-IN DESCRIPTION                                                                                              |                                     |
| COMPANY VEHICLE #<br><b>277515</b>                                                                                                                                                                                                                                                                   |  |                                                                                  |  |                                                                                                                            |                                     |
| PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS                                                                                                                                                               |  |                                                                                  |  |                                                                                                                            |                                     |
| PLATE # (1)<br><b>U445433</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 # (6)                                                                                                        |                                     |
| 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                                                                                                             |                                     |
| SALE TAX PAID                                                                                                                                                                                                                                                                                        |  | 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>                                                                                                       |                                     |
| *Required for Duplicate Title - T.C.A. 55-3-115 (submit legible or altered Certificate of Title)                                                                                                                                                                                                     |  |                                                                                  |  |                                                                                                                            |                                     |
| <input type="checkbox"/> LOST                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> STOLEN                                                  |  | <input type="checkbox"/> MUTILATED                                                                                         |                                     |
| <input type="checkbox"/> RTND 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 9:10:22 AM</b> |
|                                                                                                                                                                                                                                                                                                      |  |                                                                                  |  |                                                                                                                            | <b>07/10/2013</b>                   |
| INVOICE NUMBER<br><b>13191 @</b>                                                                                                                                                                                                                                                                     |  | COUNTY NAME<br><b>DAVIDSON</b>                                                   |  | CO 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 - CBAY - 1</b>                                                                                                      |                                     |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                      |  |                                                                                  |  |                                                                                                                            |                                     |
| REGISTRATION FEE<br><b>79.75</b>                                                                                                                                                                                                                                                                     |  | CREDIT                                                                           |  | LEASE FEE                                                                                                                  |                                     |
| 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                                                                                                      |                                     |
| COUNTY WHEEL TAX                                                                                                                                                                                                                                                                                     |  | CITY WHEEL TAX                                                                   |  | TOTAL TAX COLLECTED<br><b>.00</b>                                                                                          |                                     |
| *SERVICE OPT FEE                                                                                                                                                                                                                                                                                     |  | ORGAN DONOR                                                                      |  | POSTAGE                                                                                                                    |                                     |
| VER                                                                                                                                                                                                                                                                                                  |  | ID / RESIDENCY VERIFICATION                                                      |  | *TOTAL FEES COLLECTED<br><b>97.25</b>                                                                                      |                                     |