



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

# OFFICIAL VEHICLE REGISTRATION

278035

|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| NEW OR CURRENT TITLE NUMBER<br><b>92855440</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                | TRANSACTION CODE<br><b>N01</b>                                    | REGISTRATION ONLY NUMBER                                                                                                                              |                                                                                                                               |
| OWNER INFORMATION (LEGAL STATUS 1 AND 2 OR 3) ENTER NAME(S) IN BOX 1 (SAME 2 DIFFERENT 3) WITH THE LAST NAME(S) 3 COMPANY NAME(S) CHARACTERISTICS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| LAST NAME<br><b>WELLS FARGO EQUIPMENT FINANCE INC</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | FIRST NAME<br><b></b>                                             | MIDDLE INITIAL<br><b></b>                                                                                                                             | LAST NAME<br><b></b>                                                                                                          |
| ADDRESS 1 (MAILING)<br><b>733 MARQUETTE AVE 700</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                | ADDRESS 2 (PHYSICAL)<br><b>3100 WEST END AVE 530</b>              |                                                                                                                                                       |                                                                                                                               |
| CITY<br><b>MINNEAPOLIS</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | STATE<br><b>MN</b>                                                | ZIP CODE<br><b>55402</b>                                                                                                                              | CITY<br><b>NASHVILLE</b>                                                                                                      |
| STATE<br><b>MN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | ZIP CODE<br><b>55402</b>                                          | STATE<br><b>TN</b>                                                                                                                                    | ZIP CODE<br><b>37203</b>                                                                                                      |
| CITY OF RESIDENCE/PRINCIPAL BUS OR RICOOP LOCATION<br><b>DAVIDSON 019</b>                                                                                                                                                                                                                                                                                                                                                                             |                                                | PURCHASE DATE<br><b>10/08/2013</b>                                | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input checked="" type="checkbox"/><br><small>SEE REVERSE SIDE FOR DISTRIBUTIONS</small> | TELEPHONE #<br><b>6153395218</b>                                                                                              |
| *PLACARD HEARING IMPAIRED CLS/YR                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                | *INSURANCE POLICY #                                               |                                                                                                                                                       |                                                                                                                               |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| VIN<br><b>1GRAP0627ED450839</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                | MAKE<br><b>GRDN</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></b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | CODE<br><b>9</b>                                                  |                                                                                                                                                       |                                                                                                                               |
| SURRENDERED TITLE #<br><b>MSO</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                | STATE<br><b>TN</b>                                                | PREVIOUS STATES TITLED<br><b></b>                                                                                                                     | VEHICLE USE<br><b>F</b>                                                                                                       |
| VEHICLE TYPE<br><b>S</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                | CURRENT MILEAGE<br><b></b>                                        |                                                                                                                                                       | ODOMETER ACTUAL (0) NOT ACTUAL (8)<br>INDICATOR OVER 10 YRS / 10,000 LBS (1)<br>IN EXCESS OF MECHANICAL LIMITS (9)<br><b></b> |
| COLOR CODE (enter appropriate code)*<br>UPPER<br><b>9</b>                                                                                                                                                                                                                                                                                                                                                                                             |                                                | MOBILE HOME<br>LOTH<br><b></b>                                    | # AXLES<br><b></b>                                                                                                                                    | GROSS VEHICLE WEIGHT<br><b></b>                                                                                               |
| VEHICLE TRADE-IN DESCRIPTION<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                | COMPANY VEHICLE #<br><b></b>                                      |                                                                                                                                                       |                                                                                                                               |
| PLATE INFORMATION (Required for Title and Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS)                                                                                                                                                                                                                                                                                                                 |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| PLATE # (1)<br><b>U502750</b>                                                                                                                                                                                                                                                                                                                                                                                                                         | CLASS CODE/ISSUE YR (1)(3)<br><b>8020/1994</b> | VALIDATION # (1)<br><b></b>                                       | COUNTY STICKER # (1)<br><b></b>                                                                                                                       | CITY STICKER # (1)(2)<br><b></b>                                                                                              |
| *PLATE # (TRADE IN) (2)<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | CLASS CODE/ISSUE YR (2)<br><b></b>                                |                                                                                                                                                       | EXPIRATION DATE (1)(2)(3)<br><b>PERMANENT</b>                                                                                 |
| TDR STICKER # (4)<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                          | TEMP OPERATOR PERMIT # (3)<br><b></b>          | # OF SEATS (5)<br><b></b>                                         | ZONE (COUNTY NAME) (6)<br><b></b>                                                                                                                     | USDOT / REGISTRANT # (7)<br><b></b>                                                                                           |
| MOTOR CARRIER # (8)<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| LIEN INFORMATION (If Lien is present)                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| LIEN CODE<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | FIRST LIENHOLDER<br><b></b>                    |                                                                   |                                                                                                                                                       | LIEN DATE<br><b></b>                                                                                                          |
| STREET<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| CITY<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| STATE<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| ZIP CODE<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| LIEN CODE<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | SECOND LIENHOLDER<br><b></b>                   |                                                                   |                                                                                                                                                       | LIEN DATE<br><b></b>                                                                                                          |
| STREET<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| CITY<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| STATE<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| ZIP CODE<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| LESSOR/REGISTRANT INFORMATION (OWNER OF PLATE)                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| NAME<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                | NAME<br><b></b>                                                   |                                                                                                                                                       |                                                                                                                               |
| ADDRESS<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | ADDRESS<br><b></b>                                                |                                                                                                                                                       |                                                                                                                               |
| CITY<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                | CITY<br><b></b>                                                   |                                                                                                                                                       |                                                                                                                               |
| STATE<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                | STATE<br><b></b>                                                  |                                                                                                                                                       |                                                                                                                               |
| ZIP CODE<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                | ZIP CODE<br><b></b>                                               |                                                                                                                                                       |                                                                                                                               |
| VEHICLE COST/TAX INFORMATION (Required for Title and Registration Transactions)                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| SALE PRICE<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                 | TRADE-IN ALLOWANCE<br><b></b>                  | TAXABLE AMOUNT<br><b></b>                                         | SALE TAX PAID<br><b></b>                                                                                                                              | *TAX EXEMPTION REASON / SALES TAX #<br><b>100661600</b>                                                                       |
| DEALER NAME<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | DEALER ADDRESS<br><b></b>                                         |                                                                                                                                                       | DEALER #<br><b>99999</b>                                                                                                      |
| Required (Duplicate Fee - F.O.A. 55-3-715 (b)(1) (b)(2) or altered Certificate (c)(1) (d))                                                                                                                                                                                                                                                                                                                                                            |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| <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<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)<br><b></b> |                                                                                                                                                       | DATE<br><b>10/11/2013 10:29:55 AM</b>                                                                                         |
| <b>10/11/2013</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| INVOICE NUMBER<br><b>13284 @</b>                                                                                                                                                                                                                                                                                                                                                                                                                      | COUNTY NAME<br><b>DAVIDSON</b>                 | CO NUMBER<br><b>19</b>                                            | DATE OF APPLICATION<br><b>10/11/2013</b>                                                                                                              | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)<br><b>BRENDA WYNN</b>                                              |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |
| REGISTRATION FEE<br><b>79.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                      | CREDIT<br><b></b>                              | LEASE FEE<br><b></b>                                              | TRANS FEE<br><b></b>                                                                                                                                  | CLERK FEE<br><b></b>                                                                                                          |
| ISSUANCE FEE<br><b>12.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | TITLE FEE<br><b>5.50</b>                       | TOTAL TAX COLLECTED<br><b>.00</b>                                 |                                                                                                                                                       |                                                                                                                               |
| COMPUTATION OF<br><input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX                                                                                                                                                                                                                                                                                                                                                                 | SALES OR USE TAX<br><b></b>                    | SA TAX<br><b></b>                                                 | LOCAL TAX<br><b></b>                                                                                                                                  | ADDITIONAL TAX<br><b></b>                                                                                                     |
| COLLECTED IN STATE OF<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                      | COUNTY WHEEL TAX<br><b></b>                    | CITY WHEEL TAX<br><b></b>                                         |                                                                                                                                                       |                                                                                                                               |
| *SERVICE OPT FEE<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                           | ORGAN DONOR<br><b></b>                         | POSTAGE<br><b></b>                                                | VER<br><b></b>                                                                                                                                        | ID / RESIDENCY VERIFICATION<br><b></b>                                                                                        |
| *TOTAL FEES COLLECTED<br><b>97.25</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                   |                                                                                                                                                       |                                                                                                                               |