



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

OFFICIAL VEHICLE REGISTRATION



270086

NEW OR CURRENT TITLE NUMBER 92869478		TRANSACTION CODE N01	REGISTRATION ONLY NUMBER	
OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ☐ ENTER NAME CODE IN BOX: 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) ☐ 5 MAO ☐ N ILU ☐ N				
LAST NAME WELLS FARGO EQUIPMENT FINANCE INC		FIRST NAME	MIDDLE INITIAL	
ADDRESS 1 (MAILING) 733 MARQUETTE AVE 700		ADDRESS 2 (PHYSICAL) 3100 WEST END AVE 530		
CITY MINNEAPOLIS	STATE MN	ZIP CODE 55402	CITY NASHVILLE	STATE TN
CITY OF RESIDENCE/PRINCIPAL BUS OR INCOMP LOCATION DAVIDSON 019		PURCHASE DATE 11/05/2013	*LEASED ☐ 0 *SERVICE OPTIONS ☐ SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 6153395218
VEHICLE INFORMATION				
VIN 1GRAP0627ED450890	MAKE GRDN	MODEL CCC	YEAR 2014	BODY SE
SURRENDERED TITLE # MSO		STATE TN	PREVIOUS STATES TITLED	VEHICLE USE F
COLOR CODE (enter appropriate code) UPPER 9		MOBILE HOME LOTH 9	# AXLES 4	GROSS VEHICLE WEIGHT 4500
PLATE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS		CLASS CODE/ISSUE YR (1)(3) U506405 8020/1994		
PLATE # (1) U506405		CLASS CODE/ISSUE YR (1)(3) 8020/1994	VALIDATION # (1) 1	COUNTY STICKER # (1) 1
TOR STICKER # (4)		TEMP OPERATOR PERMIT # (3)	# OF SEATS (5) 4	ZONE (COUNTY NAME) (6) 1
LIESESE/REGISTRANT INFORMATION (OWNER OF PLATE)		LEGAL STATUS ☐ NAME CODE ☐ MAO ☐ ILU ☐		
NAME DAVIDSON		NAME DAVIDSON		
ADDRESS DAVIDSON		ADDRESS DAVIDSON		
VEHICLE COST / TAX INFORMATION * (required for Title & Registration Transactions)		TAXABLE AMOUNT 100551600		
SALE PRICE 100551600		TRADE IN ALLOWANCE 0		
DEALER NAME DAVIDSON		DEALER ADDRESS DAVIDSON		
DEALER # 99999		SALES TAX PAID 0		
*Required for Duplicate Title - T.C.A. 55-3-115 (submit receipt or altered Certificate of Title)				
☐ LOST ☐ STOLEN ☐ MUTILATED ☐ RTND DUE TO NON DELIVERY ☐ ALTERED ☐ 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 DAVIDSON		POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) DAVIDSON		DATE 11/13/2013 1:13:56 PM
INVOICE NUMBER 13317 @		COUNTY NAME DAVIDSON	CO NUMBER 19	DATE OF APPLICATION 11/13/2013
OFFICE USE ONLY REGISTRATION FEE 79.75		CREDIT 0	LEASE FEE 0	TRANS FEE 0
COMPUTATION OF ☐ SALES TAX ☐ USE TAX		SALES OR USE TAX 0	SA TAX 0	LOCAL TAX 0
*SERVICE OPT FEE 0		ORGAN DONOR 0	POSTAGE 0	VER 0
TOTAL FEES COLLECTED 79.75		TOTAL TAX COLLECTED 0		