



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



STATE

NEW OR CURRENT TITLE NUMBER 94132559	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 26 CHARACTERS) 5			MAO ☒	ILU ☒
--	--	--	---	---

LAST NAME WELLS FARGO EQUIPMENT FIN INC	FIRST NAME 	MIDDLE INITIAL 	LAST NAME 	FIRST NAME 	MIDDLE INITIAL
---	-----------------------	---------------------------	----------------------	-----------------------	---------------------------

ADDRESS 1 (MAILING) 3668 S GEYER RD 350	ADDRESS 2 (PHYSICAL) 733 MARQUETTE AVE 700
---	--

CITY ST LOUIS	STATE MO	ZIP CODE 63127	CITY MINNEAPOLIS	STATE MN	ZIP CODE 55402
-------------------------	--------------------	--------------------------	----------------------------	--------------------	--------------------------

CITY OF RESIDENCE (PRINCIPAL BUS OR INCOMP LOCATION) DAVIDSON 019	PURCHASE DATE 11/20/2014	*LEASED ☒ *SERVICE OPTIONS ☒ SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 3144223862	*PLACARD HEARING IMPAIRED CLS/YR 	*INSURANCE POLICY #
---	------------------------------------	--	----------------------------------	---	--------------------------------

VEHICLE INFORMATION								
VIN 1GRAP0628FD456389	MAKE GDAN	MODEL VAN	YEAR 2015	BODY SE	TITLE BRAND - translation NEW	CODE N	TYPE OF FUEL - translation 	CODE 9

SURRENDERED TITLE # MSO	STATE TN	PREVIOUS STATES TITLED 	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE 	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 18,000 LBS (1) (Unit or a) IN EXCESS OF MECHANICAL UNITS (9)	CODE 1
-----------------------------------	--------------------	-----------------------------------	-------------------------	--------------------------	----------------------------	---	------------------

COLOR CODE (enter appropriate code)* UPPER O	MOBILE HOME LOTH 	WIDTH 	# AXLES 	GROSS VEHICLE WEIGHT 	*VEHICLE TRADE-IN DESCRIPTION 	COMPANY VEHICLE # 279938
---	--------------------------------	------------------	--------------------	---------------------------------	--	------------------------------------

PLATE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

PLATE # (1) U563397	CLASS CODE/ISSUE YR (1)(3) 8020/1994	VALIDATION # (1) 	COUNTY STICKER # (1) 	CITY STICKER # (1)(2) 	*PLATE # (TRADE IN) (2) 	CLASS CODE/ISSUE YR (2) 	EXPIRATION DATE (1)(2)(3) PERMANENT
-------------------------------	--	-----------------------------	---------------------------------	----------------------------------	------------------------------------	------------------------------------	---

TOR STICKER # (4) 	TEMP OPERATOR PERMIT # (3) 	# OF SEATS (5) 	ZONE (COUNTY NAME) (6) 	USDOT / REGISTRANT # (7) 	MOTOR CARRIER # (8)
------------------------------	---------------------------------------	---------------------------	-----------------------------------	-------------------------------------	--------------------------------

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: ☐ NAME CODE: ☐ MAO: ☐ ILU: ☐

NAME 	NAME
-----------------	-----------------

ADDRESS 	CITY 	STATE 	ZIP CODE
--------------------	-----------------	------------------	---------------------

VEHICLE COST / TAX INFORMATION * (required for Title & Registration Transactions)

SALE PRICE 	TRADE IN ALLOWANCE 	TAXABLE AMOUNT 	SALES TAX PAID 	*TAX EXEMPTION REASON / SALES TAX # 100551600
-----------------------	-------------------------------	---------------------------	---------------------------	---

DEALER NAME WELLS FARGO EQUIPMENT FINANCE	DEALER ADDRESS 3100 WEST END AVE STE 530 NASHVILLE, TN 37203	DEALER # 2
---	--	----------------------

* Required for Duplicate Title - T.C.A. 55-3-115 (submit flexible or altered Certificate of Title)

☐ LOST	☐ STOLEN	☐ MUTILATED	☐ RTWD 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 	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) 	DATE 12/8/2014 3:24:43 PM 12/08/2014
---	---	--

INVOICE NUMBER 14342 @	COUNTY NAME DAVIDSON	CO NUMBER 19	DATE OF APPLICATION 12/08/2014	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) BRENDA WYNN	DLR - LINEWEAVER
----------------------------------	--------------------------------	------------------------	--	--	-------------------------

OFFICE USE ONLY REGISTRATION FEE 79.75	CREDIT 	LEASE FEE 	TRANS FEE 	CLERK FEE 	ISSUANCE FEE 12.00	TITLE FEE 5.50	TOTAL TAX COLLECTED .00
---	-------------------	----------------------	----------------------	----------------------	------------------------------	--------------------------	-----------------------------------

COMPUTATION OF ☐ SALES TAX ☐ USE TAX	SALES OR USE TAX 	SA TAX 	LOCAL TAX 	ADDITIONAL TAX 	COLLECTED IN STATE OF 	COUNTY WHEEL TAX 	CITY WHEEL TAX
---	-----------------------------	-------------------	----------------------	---------------------------	----------------------------------	-----------------------------	---------------------------

*SERVICE OPT FEE 	ORGAN DONOR 	POSTAGE 	VER 	ID / RESIDENCY VERIFICATION 	*TOTAL FEES COLLECTED 97.25
-----------------------------	------------------------	--------------------	----------------	--	---------------------------------------