

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

OFFICIAL VEHICLE REGISTRATION



City Stickers:											SIAIE
93595010	JMBER			TE	N01	REGIS	TRATION ONLY NUMBE	:K			
OWNER INFORMATION *LEG	AL STATUS: 1 (AND) 2 (OR) ENTER	NAME CODE	IN BOX 1 (SAM	E) 2(DIFFERE	NT) 3(MULTIPLE LA	ST NAMES) 4(COMPAN	Y) 5(OVER 28 CHARACT	rens) 4	MAO N ILU	N
LAST NAME	F	INOT HAVE		MIDDLE INITIA	L	LAST NAME		FIRST NAME		MIDDLE INITIA	
ADDRESS 1 (MAILING)	LEASING LL	•				ADDRESS 2 (PHYS	SICAL)	<u> </u>			
10233 GOVER	NOR LN BLVI	D									
CITY	E ZIP CODE			CITY		STATE		ZIP CODE			
WILLIAMSPORT M		AND THE PROPERTY OF THE PROPER			TELEPHONE # PLAC		CARD/HEARING MOA!	DED CLEAD	*INSURANCE POLICY	V #	
HAMILTON 033 PURCHASE DATE		04/17/20	*I EASED 0 -SERVICE OPTION					CARD/HEARING IMPAI	AED GES/YK	INSURANCE PULICY	
VEHICLE INFORMATION		20	SEE	REVERSE SIDE FOR	INGTRUCTIONS	551	- 32••			<u> </u>	
VIN		MAKE	MODEL	YEAR	BODY	TITLE BRAND - tr	ranslation	CODE	TYPE OF FU	EL - translation	CODE
3H3V532C8FT154387		HYTR	3H3	2015	SE	NEW		N			9
SURRENDERED TITLE #		STATE PRE	VIOUS STATE	STITLED	VEHICLE U	SE VEHICLE TYP	PE CURRENT MILE	INDICATOR	R ACTUAL (0) N OVER 10 YRS / IN EXCESS OF I	NOT ACTUAL (8) 116,000 LBS (1) MECHANICAL LIMITS (9)	1
COLOR CODE (enter appropriate UPPER LOWER	code)* MOBILE HOM		# AXLE	S GRO	SS VEHICLE		*VEHICLE TRADE	-IN DESCRIPTION		COMPANY VEHICLE #	1
O										15	4387
PLATE INFORMATION *(requi	red for Title and Registrat			actions) SEE RE		FOR COMPLETE INS	STRUCTIONS *PLATE #(TRADE IN)(2) CLASS CODE/	ISSUE YR/2)	EXPIRATION DATE	(1)(2)(3)
U489211	8020/1994			- 25 01101		551.21. #(1)(2)		02.000000		PERMA	
TDR STICKER #(4)	TEMP OPERATOR PER	MIT #(3)	FOF SEATS(5)	ZONE(CO	UNTY NAME)	(6)	USDOT / REGISTRANT	#(7)	мот	OR CARRIER #(8)	
LIEN INFORMATION (If lien pr LIEN CODE FIRST LIEN										LIEN DA	TE
	INTRUST BAI	NK									7/2014
STREET						CITY		STA		ZIP CODE	
	LTIMORE ST ENHOLDER	25 FL				BALTII	MORE		MD	21202 LIEN DA	TE
STREET						CITY		STA	TE	ZIP CODE	
						П		1			
*LESSEE / REGISTRANT INFO NAME	ORMATION(OWNER OF	PLATE)	LEGAL	STATUS L	NAME	NAME	MAO L ILU L	J			
ADDRESS					CI			ST	ATE	ZIP CODE	
										Lii Gobi	•
VEHICLE COST / TAX INFORI	MATION *(required for Titl TRADE IN ALLO		Transactions)	TAXA	BLE AMOUNT		SALESTAX PAID		*TAX FXFM	PTION REASON / SALES	S TAX#
	TOOL III ALL				DEE AMOUNT		SALESTACT AID		T/OCEALM		
DEALER NAME			DEA	LER ADDRESS						DEALER #	
*Required for Duplicate Title -	C.A. 55-3-115 (submit III	egible or altered	Certificate of T	itle)							
LOST	STOLEN		MUTILATI	ED [RTI	N'D DUE TO NON DE	ELIEVERY	ALTERED		ILLEGIBLE	
Under penalties of perjury, I her or its assignees to determine the	eby certify all information	provided is true a	and correct to the	ne best of my kno	owledge, and a	acknowledge that it is	not the responsibility of the	he Motor Vehicle Division			
SIGNATURE OF CERTIFIER/C		ion provided by n				ORIZED SIGNATUR			DATE		
WOOS NUMBER										05/02/2014	4
14122 @	HAMILTO	N		33	DATE OF AP	/02/2014		L) KNOWLES			KAR4
OFFICE USE ONLY REGISTRATION FEE	EMISSION: Tra		FEE		NS FEE	CLERK FEE		ted Indicated certifies t	his form as a v		
79.75							12.00	5.50	.0	0	
COMPUTATION OF SALES TAX USE TA	SALES OR USE TAX	SA TAX	LOC	AL TAX A	DDITIONAL TA	AX COLI	LECTED IN STATE OF	COUNTY WHEEL TAX	CITY	STICKER FEE	
*SERVICE OPT FEE	ORGAN DONOR	POSTA	AGE .	VER		ID / RESIDENC	YVERIFICATION			AL FEES COLLECTED	
									97	7.25	

Change: 0.00

RDA-692