



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

OFFICIAL VEHICLE REGISTRATION

277230

|                                                                                                                                                                                                                                                                                                      |                                                |                                                                        |                                                                                                                               |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| NEW OR CURRENT TITLE NUMBER<br><b>91334272</b>                                                                                                                                                                                                                                                       |                                                | TRANSACTION CODE<br><b>017</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 type="checkbox"/> ILU <input type="checkbox"/>                                                 |                                                |                                                                        |                                                                                                                               |                                                         |
| LAST NAME<br><b>WELLS FARGO EQUIPMENT FINANCE INC</b>                                                                                                                                                                                                                                                |                                                | FIRST NAME<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 MARQUETE AVE STE 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>                                      |
| CITY OF RESIDENCE/PRINCIPAL BUS OR RICKSHAW LOCATION<br><b>DAVIDSON 019</b>                                                                                                                                                                                                                          |                                                | PURCHASE DATE<br><b>01/29/2013</b>                                     | *LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/><br>SEE REVERSE SIDE FOR INSTRUCTIONS               | TELEPHONE #<br><b>399 5218</b>                          |
| *PLACARD/HEARING IMPAIRED CLS/YR                                                                                                                                                                                                                                                                     |                                                | *INSURANCE POLICY #                                                    |                                                                                                                               |                                                         |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                  |                                                |                                                                        |                                                                                                                               |                                                         |
| VIN<br><b>1GRAP0622DJ639558</b>                                                                                                                                                                                                                                                                      | MAKE<br><b>GRDN</b>                            | MODEL<br><b>CCC</b>                                                    | YEAR<br><b>2013</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>                                                                                        |                                                         |
| 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 (9) NOT ACTUAL (8)<br>INDICATOR OVER 10 YRS / 15,000 LBS (1)<br>(List one) IN EXCESS OF MECHANICAL LIMITS (9) |                                                         |
| COLOR CODE (enter appropriate code)*<br>UPPER<br><b>9</b>                                                                                                                                                                                                                                            | MOBILE HOME<br>LOTH<br><b>9</b>                | WIDTH<br><b>9</b>                                                      | # AXLES<br><b>9</b>                                                                                                           | GROSS VEHICLE WEIGHT                                    |
| *VEHICLE TRADE-IN DESCRIPTION                                                                                                                                                                                                                                                                        |                                                | COMPANY VEHICLE #<br><b>277230</b>                                     |                                                                                                                               |                                                         |
| PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS                                                                                                                                                               |                                                |                                                                        |                                                                                                                               |                                                         |
| PLATE # (1)<br><b>U426758</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>                          |                                                                                                                               |                                                         |
| 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 <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                                                                                                                 | *TAX EXEMPTION REASON / 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 feeable 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>3/22/2013 1:01:46 PM</b>                     |
| INVOICE NUMBER<br><b>13081 @</b>                                                                                                                                                                                                                                                                     |                                                | COUNTY NAME<br><b>DAVIDSON</b>                                         | CO NUMBER<br><b>19</b>                                                                                                        | DATE OF APPLICATION<br><b>03/22/2013</b>                |
| BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)<br><b>BRENDA WYNN</b>                                                                                                                                                                                                                     |                                                | DLR - 303SUAREZ -                                                      |                                                                                                                               |                                                         |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                      |                                                |                                                                        |                                                                                                                               |                                                         |
| REGISTRATION FEE                                                                                                                                                                                                                                                                                     | CREDIT                                         | LEASE FEE                                                              | TRANS FEE                                                                                                                     | CLERK FEE                                               |
| ISSUANCE FEE                                                                                                                                                                                                                                                                                         |                                                | TITLE FEE                                                              |                                                                                                                               | TOTAL TAX COLLECTED<br><b>.00</b>                       |
| 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                                          |
| *SERVICE OPT FEE                                                                                                                                                                                                                                                                                     | ORGAN DONOR                                    | POSTAGE                                                                | VER                                                                                                                           | ID / RESIDENCY VERIFICATION                             |
| TOTAL FEES COLLECTED<br><b>3.00</b>                                                                                                                                                                                                                                                                  |                                                |                                                                        |                                                                                                                               |                                                         |