



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

OFFICIAL VEHICLE REGISTRATION

277901

NEW OR CURRENT TITLE NUMBER 91400978		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 ☒ ILU ☒				
LAST NAME WELLS FARGO EQUIPMENT FINANCE INC		FIRST NAME 	MIDDLE INITIAL 	LAST NAME
ADDRESS 1 (MAILING) 3100 WEST END AVE STE 530		ADDRESS 2 (PHYSICAL) 733 MARQUETTE AVE 700		
CITY NASHVILLE	STATE TN	ZIP CODE 37203	CITY MINNEAPOLIS	STATE MN
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION DAVIDSON 019		PURCHASE DATE 07/01/2013	TELEPHONE # 339 5218	*INSURANCE POLICY #
VEHICLE INFORMATION:				
VIN 1GRAP0628ED450705	MAKE GDAN	MODEL CCC	YEAR 2014	BODY SE
SURRENDERED TITLE # MSO		STATE TN	PREVIOUS STATES TITLED 	VEHICLE USE B
COLOR CODE (enter appropriate code) UPPER 9		MOBILE HOME LGTH 	WIDTH 	VEHICLE TRADE-IN DESCRIPTION
PLATE INFORMATION *required for Title and Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS				
PLATE # (1) U445436	CLASS CODE/ISSUE YR (1)(3) 8020/1994	VALIDATION # (1) 	COUNTY STICKER # (1) 	CITY STICKER # (1)(2)
TEMP OPERATOR PERMIT # (3) 		# OF SEATS (5) 	ZONE (COUNTY NAME) (6) 	USDOT / REGISTRANT # (7)
MOTOR CARRIER # (8) PERMANENT				
LIEN INFORMATION (if lien present)				
LIEN CODE 	FIRST LIENHOLDER 			LIEN DATE
STREET 				
LIEN CODE 	SECOND LIENHOLDER 			LIEN DATE
STREET 				
LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)				
NAME 		LEGAL STATUS ☐	NAME CODE ☐	MAO ☐
ADDRESS 		CITY 		
STATE 		ZIP CODE 		
VEHICLE COST / TAX INFORMATION *required for Title & Registration Transaction				
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 illegible 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 		POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) 		DATE 7/10/2013 9:21:22 AM
INVOICE NUMBER 13191 @		COUNTY NAME DAVIDSON	CO NUMBER 19	DATE OF APPLICATION 07/10/2013
OFFICE USE ONLY REGISTRATION FEE 79.75		CREDIT 	LEASE FEE 	SALES TAX
COMPUTATION OF ☐ SALES TAX ☐ USE TAX		SALES OR USE TAX 	SA TAX 	LEGAL TAX
*SERVICE OPT FEE 		ORGAN DONOR 	POSTAGE 	VER
ID / RESIDENCY VERIFICATION 		TOTAL FEES COLLECTED 97.25		
SF-1357 Port: WK128/DR156/8020 Cash: 0.00 Check: 0.00 Check#: Credit: 0.00 Auth#: Change: 0.00 RDA-692				