



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

OFFICIAL VEHICLE REGISTRATION

277946

NEW OR CURRENT TITLE NUMBER <b>92826880</b>	TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER
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OWNER INFORMATION: LEGAL STATUS: (1) AND (2) (OR) (3) ENTER NAME CODE IN BOX (1) (TRANS) (DIFFERENT) (MULTIPLE LAST NAMES) (COMPANY) (OVER 26 CHARACTERS) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (00)

LAST NAME <b>WELLS FARGO EQUIPMENT FINANCE INC</b>			FIRST NAME <b>WELLS FARGO EQUIPMENT FINANCE INC</b>			MIDDLE INITIAL			LAST NAME <b>WELLS FARGO EQUIPMENT FINANCE INC</b>			FIRST NAME <b>WELLS FARGO EQUIPMENT FINANCE INC</b>			MIDDLE INITIAL		
ADDRESS 1 (MAILING) <b>733 MARQUETTE AVE 700</b>						ADDRESS 2 (PHYSICAL) <b>3100 WEST END AVE 530</b>											
CITY <b>MINNEAPOLIS</b>		STATE <b>MN</b>		ZIP CODE <b>55402</b>		CITY <b>NASHVILLE</b>		STATE <b>TN</b>		ZIP CODE <b>37203</b>							
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>DAVIDSON 019</b>			PURCHASE DATE <b>08/09/2013</b>			*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS			TELEPHONE # <b>3395218</b>			*PLACARD HEARING IMPAIRED CLS/YR			*INSURANCE POLICY #		

VEHICLE INFORMATION																	
VIN <b>1GRAP0622ED450750</b>		MAKE <b>GRDN</b>		MODEL <b>CCC</b>		YEAR <b>2014</b>		BODY <b>SE</b>		TITLE BRAND - translation <b>NEW</b>		CODE <b>N</b>		TYPE OF FUEL - translation		CODE <b>9</b>	
SURRENDERED TITLE # <b>M50</b>		STATE <b>TN</b>		PREVIOUS STATES TITLED		VEHICLE USE <b>F</b>		VEHICLE TYPE <b>S</b>		CURRENT MILEAGE		ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)		CODE <b>1</b>			
COLOR CODE (enter appropriate code) UPPER <b>9</b>		MOBILE HOME LOTH WIDTH		# AXLES		GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE #							

PLATE INFORMATION (Required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS															
PLATE # (1) <b>U445952</b>		CLASS CODE/ISSUE YR (1)(3) <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) <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 Not 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: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (00)															
NAME						NAME									
ADDRESS						CITY						STATE		ZIP CODE	

VEHICLE COST / TAX INFORMATION (Required for Title & Registration Transactions)											
SALE PRICE		TRADE IN ALLOWANCE		TAXABLE AMOUNT		SALESTAX PAID		*TAX EXEMPTION REASON / SALES TAX # <b>100551600</b>			
DEALER NAME				DEALER ADDRESS				DEALER # <b>99999</b>			

*Required for Duplicate Title - T.C.A. 55-9-115 (Submit Report 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 penalty 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 employees 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 <b>8/14/2013 1:07:56 PM</b> <b>08/14/2013</b>	
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INVOICE NUMBER <b>13226 @</b>		COUNTY NAME <b>DAVIDSON</b>		CO NUMBER <b>19</b>		DATE OF APPLICATION <b>08/14/2013</b>		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>BRENDA WYNN</b>		MSMITH - 1					
OFFICE USE ONLY REGISTRATION FEE <b>79.75</b>		CREDIT		LEASE FEE		TRANS FEE		CLERK FEE		ISSUANCE FEE <b>12.00</b>		TITLE FEE <b>5.50</b>		TOTAL TAX COLLECTED <b>.00</b>	
COMPUTATION OF <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 <b>97.25</b>					