



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

OFFICIAL VEHICLE REGISTRATION

277953

NEW OR CURRENT TITLE NUMBER <b>92826893</b>	TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER
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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 CHARACTER) <input checked="" type="checkbox"/> 6						MAO <input checked="" type="checkbox"/> N	ILU <input checked="" type="checkbox"/> N
LAST NAME <b>WELLS FARGO EQUIPMENT FINANCE INC</b>		FIRST NAME <b>WELLS FARGO EQUIPMENT FINANCE INC</b>		MIDDLE INITIAL		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>MN</b>		ZIP CODE <b>55402</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 checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>		TELEPHONE # <b>3395218</b>	
				*PLACARD/HEARING IMPAIRED CLSVR		*INSURANCE POLICY #	

VEHICLE INFORMATION										
VIN <b>1GRAP0625ED450757</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 (5) INDICATOR OVER 10 YRS / 15,000 LBS (1) (L&I 0-4) IN EXCESS OF MECHANICAL LIMITS (9)		CODE <b>1</b>
COLOR CODE (enter appropriate code)* UPPER <b>9</b>		MOBILE HOME LOTH	# 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>U445959</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>
TDR STICKER #(4)	TEMP OPERATOR PERMIT #(3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)	USDOT / REGISTRANT #(7)		MOTOR CARRIER #(8)	

LIEN INFORMATION (If lien is held)			
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"/>	
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
			<b>100551600</b>
DEALER NAME		DEALER ADDRESS	
		DEALER # <b>99999</b>	

*Required for Non-Scale Title - T.C.A. 55-3-115 (submit Reportable 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 <b>8/14/2013 1:13:20 PM</b>	
				<b>08/14/2013</b>	

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>	<b>MSMITH - 1</b>
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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>
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
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED <b>97.25</b>	