



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

OFFICIAL VEHICLE REGISTRATION

277760

NEW OR CURRENT TITLE NUMBER 92826905	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) MAO

LAST NAME WELLS FARGO EQUIPMENT FINANCE INC	FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL
---	------------	----------------	-----------	------------	----------------

ADDRESS 1 (MAILING) 733 MARQUETTE AVE 700	ADDRESS 2 (PHYSICAL) 3100 WEST END AVE 530
---	--

CITY MINNEAPOLIS	STATE MN	ZIP CODE 55402	CITY NASHVILLE	STATE TN	ZIP CODE 37203
----------------------------	--------------------	--------------------------	--------------------------	--------------------	--------------------------

CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION DAVIDSON 019	PURCHASE DATE 08/09/2013	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # 3395218	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
---	------------------------------------	---	-------------------------------	----------------------------------	---------------------

VEHICLE INFORMATION

VIN 1GRAP0622ED450764	MAKE GRDN	MODEL CCC	YEAR 2014	BODY SE	TITLE BRAND - translation NEW	CODE N	TYPE OF FUEL - translation	CODE 9
---------------------------------	---------------------	---------------------	---------------------	-------------------	---	------------------	----------------------------	------------------

SURRENDERED TITLE # MSO	STATE TN	PREVIOUS STATES TITLED	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 15,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (8)	CODE 1
-----------------------------------	--------------------	------------------------	-------------------------	--------------------------	-----------------	---	------------------

COLOR CODE (enter appropriate code)* UPPER 9	MOBILE HOME LGTH WOTH	# 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) U445966	CLASS CODE/ISSUE YR (1)(3) 8020/1994	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3) PERMANENT
-------------------------------	--	------------------	----------------------	-----------------------	-------------------------	-------------------------	---

TDR STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (6)	ZONE (COUNTY NAME) (8)	USDOT / REGISTRANT # (7)	MOTOR CARRIER # (8)
-------------------	----------------------------	----------------	------------------------	--------------------------	---------------------

LIEN INFORMATION (if any exist)

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)

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 # 100551600
------------	--------------------	----------------	---------------	---

DEALER NAME	DEALER ADDRESS	DEALER # 99999
-------------	----------------	--------------------------

*Required for Duplicate Title - TCA 55-3-115 (upon receipt of 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 8/14/2013 1:17:41 PM 08/14/2013
------------------------------	--	--

INVOICE NUMBER 13226 @	COUNTY NAME DAVIDSON	CO NUMBER 19	DATE OF APPLICATION 08/14/2013	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) BRENDA WYNN	MSMITH - 1
----------------------------------	--------------------------------	------------------------	--	--	-------------------

REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE 12.00	TITLE FEE 5.50	TOTAL TAX COLLECTED .00
----------------------------------	--------	-----------	-----------	-----------	------------------------------	--------------------------	-----------------------------------

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 97.25
------------------	-------------	---------	-----	-----------------------------	---------------------------------------