



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

OFFICIAL VEHICLE REGISTRATION

278010

NEW OR CURRENT TITLE NUMBER 92855375		TRANSACTION CODE N01	REGISTRATION ONLY NUMBER	
OWNER INFORMATION: LEGAL STATUS: 1 (AND) 2 (OR) 3 ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) 5 LAST NAME: WELLS FARGO EQUIPMENT FINANCE INC FIRST NAME: _____ MIDDLE INITIAL: _____ ADDRESS 1 (MAILING): 733 MARQUETTE AVE 700 ADDRESS 2 (PHYSICAL): 3100 WEST END AVE 530 CITY: MINNEAPOLIS STATE: MIN ZIP CODE: 55402 CITY: NASHVILLE STATE: TN ZIP CODE: 37203 COUNTY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION: DAVIDSON 019 PURCHASE DATE: 10/08/2013 *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input checked="" type="checkbox"/> TELEPHONE #: 6153395218 *PLACARD/HEARING IMPAIRED CLASSIFICATION: _____ *INSURANCE POLICY #: _____				
VEHICLE INFORMATION		VIN: 1GRAP0622ED450814		
MAKE: GRDN	MODEL: CCC	YEAR: 2014	BODY: SE	TITLE BRAND - translation: NEW
SURRENDERED TITLE #: MSO		STATE: TN	PREVIOUS STATES TITLED: _____	VEHICLE USE: F
COLOR CODE (enter appropriate code) UPPER: 9 LOWER: _____		MOBILE HOME LGTH: _____	MOBILE HOME 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		CLASS CODE/ISSUE YR(2): _____ EXPIRATION DATE (1)(2)(3): PERMANENT		
PLATE #(1): U502725	CLASS CODE/ISSUE YR(1)(3): 8020/1994	VALIDATION #(1): _____	COUNTY STICKER #(1): _____	CITY STICKER #(1)(2): _____
TDR STICKER #(4): _____	TEMP OPERATOR PERMIT #(3): _____	# OF SEATS(5): _____	ZONE(COUNTY NAME)(6): _____	USDOT / REGISTRANT #(7): _____
LIEN INFORMATION (if (son present))		LIEN DATE: _____		
LIEN CODE: _____	FIRST LIEN HOLDER: _____	CITY: _____		STATE: _____ ZIP CODE: _____
STREET: _____		LIEN DATE: _____		
LIEN CODE: _____	SECOND LIEN HOLDER: _____	CITY: _____		STATE: _____ ZIP CODE: _____
STREET: _____		LEASSEE / REGISTRANT INFORMATION (OWNER OF PLATE):		
NAME: _____		LEGAL STATUS: <input type="checkbox"/>	NAME CODE: <input type="checkbox"/>	MAO: <input type="checkbox"/> ILU: <input type="checkbox"/>
ADDRESS: _____		CITY: _____ STATE: _____ ZIP CODE: _____		
VEHICLE COST / TAX INFORMATION (required for Title & Registration Transactions)		TAXABLE AMOUNT: _____	SALE TAX PAID: _____	*TAX EXEMPTION REASON / SALES TAX #: 100661600
SALE PRICE: _____	TRADE IN ALLOWANCE: _____	DEALER NAME: _____		DEALER # 99999
DEALER ADDRESS: _____		*Required for Duplicate Title - T.O.A. 55-3-115 (submit 1 duplicate or altered Certificate of Title)		
<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTVD DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED
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 employees to determine the accuracy of the information provided by me or on my behalf.				DATE: 10/11/2013 10:06:08 AM
SIGNATURE OF CERTIFIER/OWNER: _____				DATE: 10/11/2013
POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE): _____				DATE: _____
INVOICE NUMBER: 13284 @	COUNTY NAME: DAVIDSON	CO NUMBER: 19	DATE OF APPLICATION: 10/11/2013	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK): BRENDA WYNN
OFFICE USE ONLY REGISTRATION FEE: 79.75	CREDIT: _____	LEASE FEE: _____	TRANS FEE: _____	CLERK FEE: _____
COMPUTATION OF SALES OR USE TAX: _____	SA TAX: _____	LOCAL TAX: _____	ADDITIONAL TAX: _____	COLLECTED IN STATE OF: _____
<input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	ORGAN DONOR: _____	POSTAGE: _____	VER: _____	ID / RESIDENCY VERIFICATION: _____
*SERVICE OPT FEE: _____	*TOTAL FEES COLLECTED: 97.25			*TOTAL TAX COLLECTED: .00
Change: 0.00				RD A-692