



# OFFICIAL VEHICLE REGISTRATION

NEW OR CURRENT TITLE NUMBER <b>91401207</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 CHARACTERS) <b>5</b> MAG <input checked="" type="checkbox"/> N <input type="checkbox"/> LU <input checked="" type="checkbox"/> N					
LAST NAME <b>WELLS FARGO EQUIPMENT FINANCE</b>	FIRST NAME <b>WELLS FARGO EQUIPMENT FINANCE</b>	MIDDLE INITIAL	LAST NAME <b>WELLS FARGO EQUIPMENT FINANCE</b>	FIRST NAME <b>WELLS FARGO EQUIPMENT FINANCE</b>	MIDDLE INITIAL
ADDRESS 1 (MAILING) <b>3100 WEST END AVE STE 530</b>			ADDRESS 2 (PHYSICAL) <b>3668 S GEYER RD STE 350</b>		
CITY <b>NASHVILLE</b>	STATE <b>TN</b>	ZIP CODE <b>37203</b>	CITY <b>SUNSET HILLS</b>	STATE <b>MO</b>	ZIP CODE <b>63127-1233</b>
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>DAVIDSON 019</b>	PURCHASE DATE <b>07/01/2013</b>	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # <b>339 5218</b>	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #

VEHICLE INFORMATION								
VIN <b>1JJV532D9EL807736</b>	MAKE <b>WABA</b>	MODEL <b>DVL</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>MSO</b>	STATE <b>TN</b>	PREVIOUS STATES TITLED	VEHICLE USE <b>B</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 15,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE <b>1</b>	
COLOR CODE (enter appropriate code) UPPER <b>9</b> LOWER	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # <b>278551</b>		

PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE #(1) <b>U445554</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 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 <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAG <input type="checkbox"/>	LU <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	SALE TAX PAID	*TAX EXEMPTION REASON / SALES TAX # <b>100551600</b>
DEALER NAME <b>WELLS FARGO EQUIPMENT FINANCE</b>		DEALER ADDRESS <b>3100 WEST END AVE STE 530 NASHVILLE, TN 37203</b>		DEALER # <b>2</b>

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RIND DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
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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>7/10/2013 11:31:30 AM</b> <b>07/10/2013</b>
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INVOICE NUMBER <b>13191 @</b>	COUNTY NAME <b>DAVIDSON</b>	CO NUMBER <b>19</b>	DATE OF APPLICATION <b>07/10/2013</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>BRENDA WYNN</b>	<b>DLR - CBRAY - 1</b>
OFFICE USE ONLY					
REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	(total fees collected indicated certifies this form as a valid registration) ISSUANCE FEE <b>12.00</b>
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	TITLE FEE <b>5.50</b>
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	TOTAL TAX COLLECTED <b>.00</b>
					TOTAL FEES COLLECTED <b>97.25</b>

278551