



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



NEW OR CURRENT TITLE NUMBER 94108127		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) 5				STATE MAO N ILU N	
LAST NAME WELLS FARGO EQUIPMENT FIN INC		FIRST NAME WELLS FARGO EQUIPMENT FIN INC		MIDDLE INITIAL	
ADDRESS 1 (MAILING) 5944 SHORES RD		ADDRESS 2 (PHYSICAL) 733 MARQUETTE AVE 700		STATE MN	
CITY MURFREESBORO		ZIP CODE 37128		CITY MINNEAPOLIS	
PURCHASE DATE 10/09/2014		*LEASED ☐ *SERVICE OPTIONS ☐		TELEPHONE # 3144223862	
CITY OF RESIDENCE/PRINCIPAL US OR INVOIC LOCATION RUTHERFORD 075		*PLACARD HEARING IMPAIRED CLSYR		*INSURANCE POLICY #	
VEHICLE INFORMATION		MAKE GDAN		MODEL VAN	
VIN 1GRAP062XFJ651377		YEAR 2015		BODY SE	
SURRENDERED TITLE # MSO		PREVIOUS STATES TITLED TN		VEHICLE USE F	
COLOR CODE (enter appropriate code) O		MOBILE HOME LGTH 10		MOBILE HOME WTH 10	
PLATE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS		CLASS CODE/ISSUE YR (1)(3) 8020/1994		VALIDATION # (1) U539239	
COUNTY STICKER # (1)		CITY STICKER # (1)(2)		*PLATE # (TRADE IN)(2)	
TDR STICKER # (4)		TEMP OPERATOR PERMIT # (3)		# OF SEATS (5)	
ZONE (COUNTY NAME) (6)		USDOT / REGISTRANT # (7)		MOTOR CARRIER # (8)	
LIEN INFORMATION (if lien present)		LIEN CODE		FIRST LIEN HOLDER	
STREET		CITY		STATE	
LIEN CODE		SECOND LIEN HOLDER		STREET	
CITY		STATE		ZIP CODE	
*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)		LEGAL STATUS ☐		NAME CODE ☐	
NAME		NAME		MAO ☐	
ADDRESS		CITY		STATE	
VEHICLE COST / TAX INFORMATION * (required for Title & Registration Transactions)		TAXABLE AMOUNT		SALE TAX PAID	
TRADE IN ALLOWANCE		SALE TAX PAID		*TAX EXEMPTION REASON / SALES TAX # 100551600	
DEALER NAME WELLS FARGO EQUIPMENT FINANCE		DEALER ADDRESS 3100 WEST END AVE STE 530 NASHVILLE, TN 37203		DEALER # 2	
*Required for Duplicate Title - T.C.A. 55-3-115 (submit title or altered Certificate of Title)		*RTHD DUE TO NON DELIVERY ☐		ALTERED ☐	
*LOST ☐		*STOLEN ☐		*MUTILATED ☐	
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.		POWER OF ATTORNEY / AUTHORIZED SIGNATURE (IF APPLICABLE)		DATE 10/16/2014 10:11:47	
SIGNATURE OF CERTIFIER/OWNER		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)		DATE 10/16/2014	
INVOICE NUMBER 14289 @		COUNTY NAME DAVIDSON		CO NUMBER 19	
OFFICE USE ONLY REGISTRATION FEE 79.75		DATE OF APPLICATION 10/16/2014		BRENDA WYNN	
CREDIT		LEASE FEE		TRANS FEE	
SALES OR USE TAX		SA TAX		LOCAL TAX	
COMPUTATION OF ☐ SALES TAX ☐ USE TAX		ADDITIONAL TAX		COLLECTED IN STATE OF	
*SERVICE OPT FEE		ORGAN DONOR		POSTAGE	
VER		ID / RESIDENCY VERIFICATION		*TOTAL FEES COLLECTED 97.25	
Check: 0.00		Check#: 0.00		Credit: 0.00	
Auth#: 0.00		Change: 0.00		RDA-692	