



NEW OR CURRENT TITLE NUMBER 94108157		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) 6		FIRST NAME		MIDDLE INITIAL	
LAST NAME WELLS FARGO EQUIPMENT FIN INC		LAST NAME		MIDDLE INITIAL	
ADDRESS 1 (MAILING) 5944 SHORES RD		ADDRESS 2 (PHYSICAL) 733 MARQUETTE AVE 700		STATE MN	
CITY MURFREESBORO		CITY MINNEAPOLIS		ZIP CODE 55402	
PURCHASE DATE 10/09/2014		*LEASED ☐ *SERVICE OPTIONS ☐		*PLACARD/HEARING IMPAIRED CLSYR	
RUTHERFORD 075		3144223862		*INSURANCE POLICY #	
VEHICLE INFORMATION		MAKE GDAN		MODEL VAN	
VIN 1GRAP0621FJ651381		YEAR 2015		BODY SE	
SURRENDERED TITLE # MSO		VEHICLE USE F		VEHICLE TYPE S	
COLOR CODE (enter appropriate code)* UPPER O		MOBILE HOME LOTH WOTH		CURRENT MILEAGE	
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		EXPIRATION DATE (1)(2)(3) PERMANENT	
U539243		VALIDATION # (1)		COUNTY STICKER # (1)	
TDR STICKER # (4)		TEMP OPERATOR PERMIT # (3)		USDOT / REGISTRANT # (7)	
# OF SEATS (5)		ZONE (COUNTY NAME) (6)		MOTOR CARRIER # (8)	
LIEN INFORMATION (if lien present)		LIEN CODE		FIRST LIENHOLDER	
STREET		CITY		STATE	
LIEN CODE		SECOND LIENHOLDER		CITY	
STREET		CITY		STATE	
LEGAL STATUS: ☐ NAME CODE ☐ MAO ☐ ILU ☐		NAME		CITY	
*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)		NAME		CITY	
ADDRESS		CITY		STATE	
VEHICLE COST / TAX INFORMATION * (required for Title & Registration Transactions)		TAXABLE AMOUNT		SALE TAX PAID	
SALE PRICE		TRADE IN ALLOWANCE		*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 legible or altered Certificate of Title)		MUTATED ☐		RTND DUE TO NON DELIVERY ☐	
LOST ☐		STOLEN ☐		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 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 10:29:2	
SIGNATURE OF CERTIFIER/OWNER		CO NUMBER 19		DATE OF APPLICATION 10/16/2014	
INVOICE NUMBER 14289 @		COUNTY NAME DAVIDSON		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) BRENDA WYNN	
OFFICE USE ONLY REGISTRATION FEE 79.75		LEASE FEE		ISSUANCE FEE 12.00	
COMPUTATION OF ☐ SALES TAX ☐ USE TAX		CREDIT		TITLE FEE 5.50	
SALES OR USE TAX		SA TAX		CITY WHEEL TAX	
LOCAL TAX		ADDITIONAL TAX		TOTAL TAX COLLECTED .00	
POSTAGE		VER		CITY WHEEL TAX	
ORGAN DONOR		ID / RESIDENCY VERIFICATION		TOTAL FEES COLLECTED 97.25	
*SERVICE OPT FEE		Check#: 0.00		Auth#: 0.00	
Check#: 0.00		Credit: 0.00		Change: 0.00	