



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



NEW OR CURRENT TITLE NUMBER <b>95232834</b>	TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER	STATE
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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>				MAO <input checked="" type="checkbox"/> <b>N</b>	ILU <input checked="" type="checkbox"/> <b>N</b>
LAST NAME <b>WELLS FARGO EQUIPMENT FIN INC</b>		FIRST NAME <b>WELLS FARGO EQUIPMENT FIN INC</b>		MIDDLE INITIAL	
ADDRESS 1 (MAILING) <b>3668 S GEYER RD 350</b>			ADDRESS 2 (PHYSICAL) <b>733 MARQUETTE AVE 700</b>		
CITY <b>ST LOUIS</b>		STATE <b>MO</b>	ZIP CODE <b>63127</b>	CITY <b>MINNEAPOLIS</b>	
STATE <b>MO</b>		ZIP CODE <b>63127</b>		STATE <b>MN</b>	ZIP CODE <b>55402</b>
CITY OF REG DENCE/PRINCIPAL BUS OR INCORP LOCATION <b>DAVIDSON 019</b>	PURCHASE DATE <b>01/14/2015</b>	*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # <b>3144223862</b>	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #

VIN <b>1GRAP0626GD460975</b>	MAKE <b>GDAN</b>	MODEL <b>VAN</b>	YEAR <b>2016</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>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE <b>1</b>	
COLOR CODE (enter appropriate code) UPPER <b>O</b>	MOBILE HOME LGTH WDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # <b>282275</b>		

PLATE INFORMATION *required for Title and Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) <b>U566332</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>
TOR STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)	USDOT / REGISTRATION # (7)	MOTOR CARRIER # (8)		

LIEN INFORMATION (If Ben 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"/>	MAO <input type="checkbox"/>	ILU <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	SALES 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"/> RTND 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>1/22/2015 12:31:16 PM</b>
		<b>01/22/2015</b>

INVOICE NUMBER <b>15022 @</b>	COUNTY NAME <b>DAVIDSON</b>	CO NUMBER <b>19</b>	DATE OF APPLICATION <b>01/22/2015</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>BRENDA WYNN</b>	<b>DLR - LINEWEAVER</b>
OFFICE USE ONLY REGISTRATION FEE <b>79.75</b>					
CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX			LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED <b>97.25</b>