



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



283488

NEW OR CURRENT TITLE NUMBER <b>95252381</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"/>	ILU <input checked="" type="checkbox"/>
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>MN</b>	ZIP CODE <b>55402</b>
CITY OF RESIDENCE/MAYORAL DIS OR GROUP LOCATION <b>DAVIDSON 019</b>	PURCHASE DATE <b>02/23/2015</b>	*LEASED <input checked="" 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 #

VEHICLE INFORMATION									
VIN <b>1GRAP0627GT605950</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 (1) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL UNITS (P)		CODE <b>1</b>	
COLOR CODE (enter appropriate code)* UPPER <b>O</b>	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION			COMPANY VEHICLE # <b>283488</b>		

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS									
PLATE #(1) <b>U567937</b>	CLASSCODE/ISSUEYR(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>		
IDR STICKER #(4)	TEMP OPERATOR PERMIT #(3)	# OF SEATS(6)	ZONE(COUNTY NAME)(8)	USDOT / REGISTRANT #(7)	MOTOR CARRIER #(8)				

LIEN INFORMATION (if Ben person)			
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		CITY		STATE	
ADDRESS		ADDRESS		CITY		STATE	

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>

*Required for Duplicate Title - T.C.A. 55-3-115 (submit legible or altered Certificate of Title)					
<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

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>3/3/2015 10:36:06 AM</b> <b>03/03/2015</b>
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INVOICE NUMBER <b>15062 @</b>	COUNTY NAME <b>DAVIDSON</b>	CO NUMBER <b>19</b>	DATE OF APPLICATION <b>03/03/2015</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>
					TOTAL TAX COLLECTED <b>.00</b>
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA 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>