



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



STATE

| | | |
|--|--------------------------------|--------------------------|
| NEW OR CURRENT TITLE NUMBER 95239049 | 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) MAO ILU

| | | | | | |
|---|--|----------------|---|--|----------------|
| LAST NAME WELLS FARGO EQUIPMENT FIN INC | FIRST NAME WELLS FARGO EQUIPMENT FIN INC | MIDDLE INITIAL | LAST NAME WELLS FARGO EQUIPMENT FIN INC | FIRST NAME WELLS FARGO EQUIPMENT FIN INC | MIDDLE INITIAL |
|---|--|----------------|---|--|----------------|

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| ADDRESS 1 (MAILING) 3668 S GEYER RD 350 | ADDRESS 2 (PHYSICAL) 733 MARQUETTE AVE 700 |
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|-------------------------|--------------------|--------------------------|----------------------------|--------------------|--------------------------|
| CITY ST LOUIS | STATE MO | ZIP CODE 63127 | CITY MINNEAPOLIS | STATE MN | ZIP CODE 55402 |
|-------------------------|--------------------|--------------------------|----------------------------|--------------------|--------------------------|

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|--|------------------------------------|---|----------------------------------|----------------------------------|---------------------|
| CITY OF RESIDENCE/PRINCIPAL BUS OR INQUIRY LOCATION DAVIDSON 019 | PURCHASE DATE 01/30/2015 | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small> | TELEPHONE # 3144223862 | *PLACARD HEARING IMPAIRED CLS/YR | *INSURANCE POLICY # |
|--|------------------------------------|---|----------------------------------|----------------------------------|---------------------|

VEHICLE INFORMATION

| | | | | | | | | |
|---------------------------------|---------------------|---------------------|---------------------|-------------------|---|------------------|----------------------------|------------------|
| VIN 3H3V532C1FT671076 | MAKE HYTR | MODEL VAN | YEAR 2015 | BODY SE | TITLE BRAND - translation NEW | CODE N | TYPE OF FUEL - translation | CODE 9 |
|---------------------------------|---------------------|---------------------|---------------------|-------------------|---|------------------|----------------------------|------------------|

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| SURRENDERED TITLE # MSO | STATE TN | PREVIOUS STATES TITLED | VEHICLE USE F | VEHICLE TYPE S | CURRENT MILEAGE | ODOMETER ACTUAL (5) NOT ACTUAL (6) INDICATOR OVER 10 YRS / 10,000 LBS (1) (LH1 & 4) WI EXCESS OF MECHANICAL LIMITS (5) | CODE 1 |
|-----------------------------------|--------------------|------------------------|-------------------------|--------------------------|-----------------|--|------------------|

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|--|---------------------------------|-------------------|---------------------|----------------------|-------------------------------|------------------------------------|
| COLOR CODE (enter appropriate code) UPPER 0 | MOBILE HOME LGTH 0 | WIDTH 0 | # AXLES 0 | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | COMPANY VEHICLE # 283803 |
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PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

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|------------------------------|---|-----------------|---------------------|----------------------|-----------------------|------------------------|---|
| PLATE #(1) U566676 | CLASS CODE/ISSUE YR(1)(3) 8020/1994 | VALIDATION #(1) | COUNTY STICKER #(1) | CITY STICKER #(1)(2) | *PLATE #(TRADE IN)(2) | CLASS CODE/ISSUE YR(2) | EXPIRATION DATE (1)(2)(3) PERMANENT |
|------------------------------|---|-----------------|---------------------|----------------------|-----------------------|------------------------|---|

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|------------------|---------------------------|---------------|----------------------|-------------------------|--------------------|
| TDR STICKER #(4) | TEMP OPERATOR PERMIT #(3) | # OF SEATS(5) | ZONE(COUNTY NAME)(6) | USOOT / REGISTRANT #(7) | MOTOR CARRIER #(8) |
|------------------|---------------------------|---------------|----------------------|-------------------------|--------------------|

LIEN INFORMATION (if lien present)

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| LIEN CODE | FIRST LIENHOLDER | LIEN DATE |
|-----------|------------------|-----------|

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|--------|------|-------|----------|
| STREET | CITY | STATE | ZIP CODE |
|--------|------|-------|----------|

| | | |
|-----------|-------------------|-----------|
| LIEN CODE | SECOND LIENHOLDER | LIEN DATE |
|-----------|-------------------|-----------|

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|--------|------|-------|----------|
| STREET | CITY | STATE | ZIP CODE |
|--------|------|-------|----------|

*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE) LEGAL STATUS NAME CODE MAO ILU

| | |
|---------|---------------------|
| NAME | NAME |
| ADDRESS | CITY STATE ZIP CODE |

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)

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|------------|--------------------|----------------|----------------|---|
| SALE PRICE | TRADE IN ALLOWANCE | TAXABLE AMOUNT | SALES TAX PAID | *TAX EXEMPTION REASON / SALES TAX # 100551600 |
|------------|--------------------|----------------|----------------|---|

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|---|--|----------------------|
| DEALER NAME WELLS FARGO EQUIPMENT FINANCE | DEALER ADDRESS 3100 WEST END AVE STE 530 NASHVILLE, TN 37203 | DEALER # 2 |
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*Required for Duplicate Title - T.C.A. 55-3-115 (submit (1) original 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 assigns 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 2/3/2015 1:47:07 PM |
| | | 02/03/2015 |

| | | | | | |
|----------------------------------|--------------------------------|------------------------|--|--|-------------------------|
| INVOICE NUMBER 15034 @ | COUNTY NAME DAVIDSON | CO NUMBER 19 | DATE OF APPLICATION 02/03/2015 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) BRENDA WYNN | DLR - LINEWEAVER |
|----------------------------------|--------------------------------|------------------------|--|--|-------------------------|

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| REGISTRATION FEE 79.75 | CREDIT | LEASE FEE | TRANS FEE | CLERK FEE | ISSUANCE FEE 12.00 | TITLE FEE 5.50 | TOTAL TAX COLLECTED .00 |
|----------------------------------|--------|-----------|-----------|-----------|------------------------------|--------------------------|-----------------------------------|

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|---|------------------|--------|-----------|----------------|-----------------------|------------------|----------------|
| 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 | COUNTY WHEEL TAX | CITY WHEEL TAX |
|---|------------------|--------|-----------|----------------|-----------------------|------------------|----------------|

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| *SERVICE OPT FEE | ORGAN DONOR | POSTAGE | VER | ID/RESIDENCY VERIFICATION | *TOTAL FEES COLLECTED 97.25 |
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