



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



STATE

NEW OR CURRENT TITLE NUMBER <b>94138404</b>	TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER
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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) <input checked="" type="checkbox"/> 5			MAO <input checked="" type="checkbox"/>	ILU <input checked="" type="checkbox"/>	
LAST NAME <b>WELLS FARGO EQUIPMENT FIN INC</b>	FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	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 (PRINCIPAL BUS OR INCORP LOCATION) <b>DAVIDSON 019</b>	PURCHASE DATE <b>12/15/2014</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 #

3488

VEHICLE INFORMATION										
VIN <b>1GRAP9003GB702547</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 / 18,000 LBS (1) (1st row) IN EXCESS OF MECHANICAL LIMITS (9)	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>3488</b>				

PLATE INFORMATION *required for Title and Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS										
PLATE #(1) <b>U563646</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>			
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 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"/>				
NAME					NAME				
ADDRESS					CITY STATE ZIP CODE				

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>		

<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>12/19/2014 9:37:45 AM</b> <b>12/19/2014</b>
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INVOICE NUMBER <b>14353 @</b>	COUNTY NAME <b>DAVIDSON</b>	CO NUMBER <b>19</b>	DATE OF APPLICATION <b>12/19/2014</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>BRENDA WYNN DLR - LINEWEAVER</b>	
OFFICE USE ONLY					
REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	(total fees collected indicated certifies this form as a valid registration)
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX		SA TAX	LOCAL TAX	ADDITIONAL TAX	ISSUANCE FEE <b>12.00</b>
*SERVICE OPT FEE		ORGAN DONOR	POSTAGE	VER	TITLE FEE <b>5.50</b>
ID / RESIDENCY VERIFICATION				TOTAL TAX COLLECTED <b>.00</b>	
*TOTAL FEES COLLECTED <b>97.25</b>					