



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



STATE

|                                                                                                                                                                                                                                                                                                      |  |                                                                                  |  |                                                                                                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|
| NEW OR CURRENT TITLE NUMBER<br><b>94127603</b>                                                                                                                                                                                                                                                       |  | TRANSACTION CODE<br><b>N01</b>                                                   |  | REGISTRATION ONLY NUMBER                                                                                        |  |
| 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"/> N ILU <input checked="" type="checkbox"/> N                       |  |                                                                                  |  |                                                                                                                 |  |
| LAST NAME<br><b>WELLS FARGO EQUIPMENT FIN INC</b>                                                                                                                                                                                                                                                    |  | FIRST NAME<br><b>WELLS FARGO EQUIPMENT FIN INC</b>                               |  | MIDDLE INITIAL<br><b>WELLS FARGO EQUIPMENT FIN INC</b>                                                          |  |
| ADDRESS 1 (MAILING)<br><b>3668 S GEYER RD 350</b>                                                                                                                                                                                                                                                    |  | ADDRESS 2 (PHYSICAL)<br><b>733 MARQUETTE AVE 700</b>                             |  |                                                                                                                 |  |
| CITY<br><b>ST LOUIS</b>                                                                                                                                                                                                                                                                              |  | STATE<br><b>MO</b>                                                               |  | ZIP CODE<br><b>63127</b>                                                                                        |  |
| CITY<br><b>MINNEAPOLIS</b>                                                                                                                                                                                                                                                                           |  | STATE<br><b>MN</b>                                                               |  | ZIP CODE<br><b>55402</b>                                                                                        |  |
| CITY OF RESIDENCE, PRINCIPAL BUS OR INCORP LOCATION<br><b>DAVIDSON 019</b>                                                                                                                                                                                                                           |  | PURCHASE DATE<br><b>11/19/2014</b>                                               |  | *LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/><br>SEE REVERSE SIDE FOR INSTRUCTIONS |  |
| TELEPHONE #<br><b>3144223862</b>                                                                                                                                                                                                                                                                     |  | *PLACARD HEARING IMPAIRED CLSYR                                                  |  | *INSURANCE POLICY #                                                                                             |  |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                  |  |                                                                                  |  |                                                                                                                 |  |
| VIN<br><b>1GRAP0626FB709799</b>                                                                                                                                                                                                                                                                      |  | MAKE<br><b>GDAN</b>                                                              |  | MODEL<br><b>VAN</b>                                                                                             |  |
| YEAR<br><b>2015</b>                                                                                                                                                                                                                                                                                  |  | BODY<br><b>SE</b>                                                                |  | TITLE BRAND - translation<br><b>NEW</b>                                                                         |  |
| CODE<br><b>N</b>                                                                                                                                                                                                                                                                                     |  | TYPE OF FUEL - translation                                                       |  | CODE<br><b>9</b>                                                                                                |  |
| SURRENDERED TITLE #<br><b>MSO</b>                                                                                                                                                                                                                                                                    |  | STATE<br><b>TN</b>                                                               |  | PREVIOUS STATES TITLED                                                                                          |  |
| VEHICLE USE<br><b>F</b>                                                                                                                                                                                                                                                                              |  | VEHICLE TYPE<br><b>S</b>                                                         |  | CURRENT MILEAGE                                                                                                 |  |
| ODOMETER ACTUAL (0) NOT ACTUAL (8)<br>INDICATOR OVER 10 YRS / 16,000 LBS (1)<br>IN EXCESS OF MECHANICAL LIMITS (9)                                                                                                                                                                                   |  | CODE<br><b>1</b>                                                                 |  |                                                                                                                 |  |
| COLOR CODE (enter appropriate code)<br>UPPER<br><b>O</b>                                                                                                                                                                                                                                             |  | MOBILE HOME<br>LGTH                                                              |  | WIDTH                                                                                                           |  |
| # AXLES                                                                                                                                                                                                                                                                                              |  | GROSS VEHICLE WEIGHT                                                             |  | *VEHICLE TRADE-IN DESCRIPTION                                                                                   |  |
| COMPANY VEHICLE #<br><b>531350</b>                                                                                                                                                                                                                                                                   |  |                                                                                  |  |                                                                                                                 |  |
| PLATE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS                                                                                                                                                              |  |                                                                                  |  |                                                                                                                 |  |
| PLATE # (1)<br><b>U559468</b>                                                                                                                                                                                                                                                                        |  | CLASS CODE / ISSUE YR (1)(3)<br><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)<br><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"/> 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 #<br><b>100551600</b>                           |  |                                                                                                                 |  |
| DEALER NAME<br><b>WELLS FARGO EQUIPMENT FINANCE</b>                                                                                                                                                                                                                                                  |  | DEALER ADDRESS<br><b>3100 WEST END AVE STE 530 NASHVILLE, TN 37203</b>           |  | DEALER #<br><b>2</b>                                                                                            |  |
| *Required for Duplicate Title - T.C.A. 55-3-115 (submit (illegible 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<br><b>11/26/2014 10:01:02 AM</b>                                                                           |  |
| <b>11/26/2014</b>                                                                                                                                                                                                                                                                                    |  |                                                                                  |  |                                                                                                                 |  |
| INVOICE NUMBER<br><b>14330 @</b>                                                                                                                                                                                                                                                                     |  | COUNTY NAME<br><b>DAVIDSON</b>                                                   |  | GO NUMBER<br><b>19</b>                                                                                          |  |
| DATE OF APPLICATION<br><b>11/26/2014</b>                                                                                                                                                                                                                                                             |  | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)<br><b>BRENDA WYNN</b> |  | <b>DLR - LINEWEAVER</b>                                                                                         |  |
| OFFICE USE ONLY<br>REGISTRATION FEE<br><b>79.75</b>                                                                                                                                                                                                                                                  |  | CREDIT                                                                           |  | LEASE FEE                                                                                                       |  |
| TRANS FEE                                                                                                                                                                                                                                                                                            |  | CLERK FEE                                                                        |  | ISSUANCE FEE<br><b>12.00</b>                                                                                    |  |
| TITLE FEE<br><b>5.50</b>                                                                                                                                                                                                                                                                             |  | TOTAL TAX COLLECTED<br><b>.00</b>                                                |  |                                                                                                                 |  |
| COMPUTATION OF<br><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                                                                   |  | TOTAL FEES COLLECTED<br><b>97.25</b>                                                                            |  |
| *SERVICE OPT FEE                                                                                                                                                                                                                                                                                     |  | ORGAN DONOR                                                                      |  | POSTAGE                                                                                                         |  |
| VER                                                                                                                                                                                                                                                                                                  |  | ID / RESIDENCY VERIFICATION                                                      |  |                                                                                                                 |  |