

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

## OFFICIAL VEHICLE REGISTRATION

| ity Stickers:  |                            |                |                                |                     |                   |                     |  |                             |                                 |                      |                             | 5886                                      | 18    |  |
|--|----------------------------|----------------|--------------------------------|---------------------|-------------------|---------------------|--|-----------------------------|---------------------------------|----------------------|-----------------------------|---|-------|--|
| NOR CURRENT TITLE NUMBER   |                            |                |                                |                     | T                 | RANSACTION<br>CODE* | RE   | GISTRATION C                | NLY NUMBER                      |                      |                             |   |       |  |
| 10487694   |                            |                |                                |                     |                   | O01                 |  |                             |                                 |                      | FRS) 4                      | MAO N ILU                                 | N     |  |
| NER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) L. ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERINAME  T NAME  FIRST NAME  MIDDLE INITIAL |                            |                |                                |                     |                   |                     | ENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTERS) MAO LAST NAME MIDDLE IN |                             |                                 |                      |                             |   |       |  |
| 30WMAN TRAIL   | ER LEASI                   | NG LL          | С                              |                     |                   |                     |  |                             |                                 |                      |                             |   |       |  |
| DRESS 1 (MAILING)  |                            |                |                                |                     |                   |                     | ADDRESS 2 (P   | HYSICAL)                    |                                 |                      |                             | _   |       |  |
| 0233 GOVERNO   | OR LN BLV                  | /D             |                                |                     |                   |                     |  |                             |                                 |                      |                             |   |       |  |
| VILLIAMSPORT OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION   |                            |                |                                |                     | ZIP CODE<br>21795 |                     | TELEPHONE # PLACARD/I  |                             | STATE  /HEARING IMPAIRED CLS/YR |                      | ZIP CODE  *INSURANCE POLICY | ′#  |       |  |
| HAMILTON 033   | CORPLOCATION               |                | 9/2012                         | *LEASED<br>SEE REVE |                   | RVICE OPTIONS       | NS NS  | 1 582 17                    |                                 |                      | William Control             |   |       |  |
| HICLE INFORMATION  |                            | MAKE           | M                              | ODEL                | YEAR              | BODY                | TITLE BRAND  | - translation               |                                 | CODE                 | TYPE OF FU                  | EL - translation                          | CODE  |  |
| GRAA06282T008672   |                            | GDAN           |                                | 741                 | 2002              |                     | USED   |                             |                                 | U                    | U                           |   | 9     |  |
| RENDERED TITLE #   |                            | 5.27.11        |                                | S STATES T          |                   | SE VEHICLE I        |  | TYPE CU                     | RRENT MILEAGE                   | ODOMETER             | ACTUAL (0)                  | NOT ACTUAL (8)                            | COD   |  |
| 3268639  |                            | TN TN          |                                |                     |                   | F                   | s  |                             |                                 | (List one)           | OVER 10 YRS<br>IN EXCESS OF | / 16,000 LBS (1)<br>MECHANICAL LIMITS (9) | 1     |  |
| OR CODE (enter appropriate coder LOWER   | HOME # AXLES               |                |                                | GR                  | OSS VEHICLE       |                     |  |                             |                                 |                      | COMPANY VEHICLE # 588618    |   |       |  |
| TE INFORMATION *(required  | for Title and Registr      | ation and Re   | egistration Or                 | ly Transaction      | ons) SEE Ri       | EVERSE SIDE         | FOR COMPLETE   | INSTRUCTION                 | NS                              |                      |                             |   | 1     |  |
|  | 8020/199                   | (3) VAL        | IDATION #(1                    |                     | UNTY STICE        |                     | CITY STICKER #(1)  |                             | (TRADE IN)(2)                   | CLASS CODE/I         | SSUE YR(2)                  | PERMA                                     |       |  |
|  | PERMIT #(3) # OF SEATS(5)  |                |                                | ZONE(C              | MAN YTNUC         | (6)                 | 6) USDOT/REGISTR   |                             | IANT #(7)                       |                      | MOTOR CARRIER #(8)          |   |       |  |
|  |                            |                |                                |                     |                   |                     |  |                             |                                 |                      |                             |   |       |  |
| N CODE SECOND LIEN   | NHOLDER                    |                |                                |                     |                   | 1                   | CITY   |                             |                                 | STA                  | TE                          | ZIP CODE                                  | ATE   |  |
| SSEE / REGISTRANT INFOR  | MATION(OWNER C             | F PLATE)       |                                | LEGAL ST            | TATUS L           | J NAME              | NAME   | MAO L                       | I ILU L                         |                      |                             |   |       |  |
| DRESS  | The latest                 |                |                                | ш                   |                   | C                   | CITY   |                             |                                 | STA                  | ATE                         | ZIP CODE                                  |       |  |
| HICLE COST / TAX INFORMA   | ATION *(required for       | Title & Regis  | stration Trans                 | actions)            |                   |                     |  |                             |                                 |                      |                             |   |       |  |
| .E PRICE   | TRADE IN AL                | LOWANCE        |                                |                     | TAX               | ABLE AMOUN          | IT   | SALES                       | TAX PAID                        |                      | *TAX EXEN                   | MPTION REASON / SALES                     | STAX# |  |
| ALER NAME DEALER ADI   |                            |                |                                |                     | R ADDRESS         | 3                   |  |                             |                                 |                      |                             | DEALER #                                  |       |  |
| guired for Duplicate Title - T.C   | C.A. 55-3-115 (submi       | t Illegible or | altered Certif                 | icate of Title)     | )                 |                     |  |                             | Т                               |                      | Tr                          |   |       |  |
| LOST   | STOLEN                     |                |                                | MUTILATED           |                   | R                   | TN'D DUE TO NO   | N DELIEVERY                 | AL AL                           | TERED                | 1                           | ILLEGIBLE                                 |       |  |
| er penalties of perjury, I hereb<br>s assignees to determine the a   | by certify all information | on provided    | is true and co<br>ded by me or | orrect to the b     | best of my k      | nowledge, and       | d acknowledge that   | it is not the resp          | ponsibility of the Mo           | tor Vehicle Division |                             |   |       |  |
| NATURE OF CERTIFIER/OW   |                            |                |                                | PO                  | WER OF AT         | TORNEY/AUT          | THORIZED SIGNA   | TURE(IF APPL                | ICABLE)                         |                      | DATE                        | 09/21/2012                                | 2     |  |
|  |                            |                |                                | NUMBER              |                   | APPLICATION         |  | As a second for the second  |                                 |                      | LES(COUNTY CLERK) HJC2      |   |       |  |
| 12265 @  | HAMILTO                    |                |                                |                     | 33                |                     | 9/21/2012  | (tot                        |                                 | ndicated certifies t | his form as a               | valid registration)                       | 11002 |  |
| 3ISTRATION FEE 79.75   | CREDIT                     |                | LEASE FEE                      |                     | TF                | RANS FEE            | CLERK FE   | E ISSU                      |                                 | 5.50                 | TOT                         | AL TAX COLLECTED                          |       |  |
| MPUTATION OF   | SALES OR USE TA            | x s            | A TAX                          | LOCAL               | TAX               | ADDITIONAL          | TAX (  | COLLECTED IN                |                                 | UNTY WHEEL TAX       |                             | STICKER FEE                               |       |  |
| SALES TAX USE TAX RVICE OPT FEE  | ORGAN DONOR                | POSTAGE        |                                |                     | VER               |                     | ID / RESID   | ID / RESIDENCY VERIFICATION |                                 |                      |                             | TOTAL FEES COLLECTED  97.25               |       |  |
| Port: WK4  | 8/DR27/8020                | Ca             | sh: 0.00                       | ) CI                | heck:             | 0.00                | Check#:  | Credi                       | t: 0.00                         | Auth#:               |                             | e: 0.00 RDA                               | -692  |  |