



# OFFICIAL VEHICLE REGISTRATION

NEW OR CURRENT TITLE NUMBER <b>92839981</b>				TRANSACTION CODE <b>N01</b>		REGISTRATION ONLY NUMBER					
OWNER INFORMATION: LEGAL STATUS: 1 (A/D) 2 (OR) <input type="checkbox"/> ENTER NAME CODE BY BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) <input checked="" type="checkbox"/> 5											
LAST NAME <b>WELLS FARGO EQUIPMENT FINANCE INC</b>			FIRST NAME <b>WELLS FARGO EQUIPMENT FINANCE INC</b>			MIDDLE INITIAL <b>WELLS FARGO EQUIPMENT FINANCE INC</b>			LAST NAME <b>WELLS FARGO EQUIPMENT FINANCE INC</b>		
ADDRESS 1 (MAILING) <b>733 MARQUETTE AVE 700</b>					ADDRESS 2 (PHYSICAL) <b>3100 WEST END AVE STE 530</b>						
CITY <b>MINNEAPOLIS</b>			STATE <b>MN</b>		ZIP CODE <b>55402</b>		CITY <b>NASHVILLE</b>			STATE <b>TN</b>	
CITY OF RESIDENCE/VEHICLE BUS OR INCORP LOCATION <b>DAVIDSON 019</b>			PURCHASE DATE <b>06/19/2013</b>		*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>		TELEPHONE # <b>3395218</b>		*PLACARD/HEARING IMPAIRED CLS/YR		*INSURANCE POLICY #
VEHICLE INFORMATION											
VIN <b>1JJV532W86L993224</b>		MAKE <b>WANC</b>		MODEL <b>1JJ</b>	YEAR <b>2006</b>	BODY <b>SE</b>	TITLE BRAND - translation <b>NEW</b>		CODE <b>N</b>	TYPE OF FUEL - translation <b>9</b>	
SURRENDERED TITLE # <b>09517960</b>		STATE <b>ME</b>	PREVIOUS STATES TITLED		VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE		ODOMETER ACTUAL (S) NOT ACTUAL (S) INDICATOR OVER 10 YRS / 18,000 LBS (I) (JH one) IN EXCESS OF MECHANICAL LIMITS (S)		CODE <b>1</b>
COLOR CODE (enter appropriate code)* UPPER <b>9</b>		MOBILE HOME LOTH		# AXLES	GROSS VEHICLE WEIGHT		VEHICLE TRADE-IN DESCRIPTION			COMPANY VEHICLE # <b>601170</b>	
PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS											
PLATE #(1) <b>U446447</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 applicable)											
LIEN CODE	FIRST LIENHOLDER										LIEN DATE
STREET			CITY			STATE			ZIP CODE		
LIEN CODE	SECOND LIENHOLDER										LIEN DATE
STREET			CITY			STATE			ZIP CODE		
TAXPAYER / REGISTRANT INFORMATION (OWNER OF PLATE)											
NAME				LEGAL STATUS: <input type="checkbox"/>		NAME CODE: <input type="checkbox"/>		MAO: <input type="checkbox"/>		IU: <input type="checkbox"/>	
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			DEALER ADDRESS					DEALER # <b>99999</b>			
*Required for Duplicate Title - T.C.A. 55-3-115 (submit Lien, Sale 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>9/11/2013 8:47:36 AM</b> <b>09/11/2013</b>			
VOICE NUMBER <b>13254 @</b>		COUNTY NAME <b>DAVIDSON</b>		CO NUMBER <b>19</b>		DATE OF APPLICATION <b>09/11/2013</b>		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>BRENDA WYNN</b>		<b>MSMITH - 1</b>	
OFFICE USE ONLY											
REGISTRATION FEE <b>79.75</b>		CREDIT		LEASE FEE		TRANS FEE		CLERK FEE		ISSUANCE FEE <b>12.00</b>	
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX		SALES OR USE TAX		SA TAX		LOCAL TAX		ADDITIONAL TAX		TOTAL TAX COLLECTED <b>.00</b>	
*SERVICE OPT FEE		ORGAN DONOR		POSTAGE		VER		ID / RESIDENCY VERIFICATION		*TOTAL FEES COLLECTED <b>97.25</b>	

601170