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

OFFICIAL VEHICLE REGISTRATION

| City Stickers: | IMPER | | | 1.75 | PANCACTION | DEC! | STRATION ONL | VNUMBED | | | 6748 | 35 | |
|--|--|--|------------------------------------|---|---|-------------------------------|-------------------------------|---------------------------------------|------------------------------|---|----------------------------|-----------|--|
| NEW OR CURRENT TITLE NUMBER 90485665 | | | | | RANSACTION CODE* | nedi | STRATION ONE | THOMBEN | | | | | |
| OWNER INFORMATION *LECTOR OF THE CONTROL OF THE CON | 2000 (2000 CO (2000) 200 CO (2 | THO! WANE | ER NAME COL | DE IN BOX 1 (SAN | IE) 2(DIFFERE L | NT) 3(MULTIPLE L LAST NAME | AST NAMES) 4(0 | COMPANY) 5(OV | ER 28 CHARACTE FIRST NAME | ERS) 4 | MAO N ILU MIDDLE INITIA | | |
| ADDRESS 1 (MAILING) 10233 GOVER | NOR LN BLV | 'D | | | | ADDRESS 2 (PHY | 'SICAL) | | | | | | |
| WILLIAMSPORT | | | ATE MD | ZIP CODE 21795 | | CITY | | | STATE ZIP CODE | | | | |
| CNTY OF RESIDENCE/PRINCIPAL BUS OF | 06/20/2012 | | | SED *SERVICE OPTION REVERSE SIDE FOR INSTRUCTIONS | | 582 179 | *PLACARD/HEARING IMPAIRED | | ED CLS/YR | CLS/YR *INSURANCE POLICY # | | | |
| VEHICLE INFORMATION | | | | | | | | | L cons. I | 7/05 05 5/15 | | CODE | |
| 1GRAA062X8T546492 | | MAKE | MODEL | YEAR | SE | TITLE BRAND - translation | | | | | | 9 | |
| SURRENDERED TITLE # | GDAN 1GR STATE PREVIOUS STATES | | | VEHICLE U | USED USE VEHICLE TYPE CURRENT MILEAR | | | GE ODOMETER ACTUAL (0) NOT ACTUAL (8) | | | CODE | | |
| 74699817 | TN TN | | | F | s | | INDICATOR | | | OVER 10 YRS / 16,000 LBS (1) N EXCESS OF MECHANICAL LIMITS (9) | | | |
| COLOR CODE (enter appropriat UPPER LOWE | e code)* MOBILE HO | | | | OSS VEHICLE | | *VEHICLE TRADE-IN DESCRIPTION | | | COMPANY VEHICLE # 674835 | | | |
| PLATE INFORMATION *(requ | ired for Title and Registra ASSCODE/ISSUEYR(1) | | tration Only Tra | county STICK | | FOR COMPLETE IN | | ADE INVO | CLASS CODE/IS | SCITE VB(2) | EXPIRATION DATE | (1)(2)(3) | |
| PLATE #(1) CL | 8020/199 | Mail Contractor | 110N #(1) | COUNTY STICE | EH #(1) CI | 14 STICKEH #(1)(2 |) PLATE #(TH | ADE IN)(2) | CLASS CODE/IS | 330E TH(2) | PERMA | | |
| TDR STICKER #(4) | ERMIT #(3) # OF SEATS(5) ZONE | | | DUNTY NAME) | (6) | USDOT / REGISTRANT #(7) | | | MOTOR CARRIER #(8) | | | | |
| | | | | | | | | | | | | | |
| LIEN INFORMATION (If lien p | | | | | | | | | | | LIEN DA | ATE | |
| | JNTRUST BA | NK | | | | | | | | | | 9/2012 | |
| 120 E B | ALTIMORE S | T 25 FL | | | | BALT | IMORE | | STAT | mD | ZIP CODE 21202 | | |
| | IENHOLDER | | | | *************************************** | | | | | | LIEN DA | ATE | |
| STREET | | | | | | CITY | | | STAT | E | ZIP CODE | | |
| *LESSEE / REGISTRANT INF | ORMATION(OWNER O | E PLATE) | LEG | AL STATUS | NAME | CODE | мао | ILU 🔲 | | | | | |
| NAME | | | | | | NAME | | | | | | | |
| ADDRESS | | | | | СГ | TY | | | STA | TE | ZIP CODE | | |
| VEHICLE COST / TAX INFOR | RMATION *(required for T | Title & Registration | on Transaction | s) | | | | | | | | | |
| SALE PRICE | TRADE IN AL | | | | BLE AMOUNT | | SALESTAX | PAID | | *TAX EXEM | PTION REASON / SALES | S TAX # | |
| DEALER NAME DEALER ADD | | | | | | | | | | | DEALER # | | |
| *Required for Duplicate Title - | T.C.A. 55-3-115 (submit | Illegible or alter | ed Certificate o | of Title) | | | | | | Tr | 7 | | |
| LOST | STOLEN | | MUTIL | | | N'D DUE TO NON I | | | ERED | | ILLEGIBLE | | |
| Under penalties of perjury, I he or its assignees to determine to SIGNATURE OF CERTIFIER | ereby certify all information he accuracy of the inform OWNER | on provided is tru ation provided b | ue and correct t by me or on my | | | HORIZED SIGNATU | | | or Vehicle Division | DATE | 09/14/2012 | 2 | |
| INVOICE NUMBER | COUNTY NAME | | | CO NUMBER | DATE OF AF | PLICATION | BY AUT | HORITY OF REG | ISTRAR OF MOTO | OR VEHICLES | (COUNTY CLERK) | | |
| 12258 @ OFFICE USE ONLY | HAMILTO | | | 33 | 09 | /14/2012 | | | NOWLES | | | KAR46 | |
| REGISTRATION FEE 79.75 | CREDIT | | ASE FEE | TR | ANS FEE | CLERK FEE | ISSUANO | E FEE TITLE | 5.50 | | TAX COLLECTED | | |
| COMPUTATION OF | SALES OR USE TA | X SATA | X L | OCAL TAX | ADDITIONAL T | AX CO | LLECTED IN ST | | NTY WHEEL TAX | | STICKER FEE | | |
| SALES TAX USE T | ORGAN DONOR | I PO: | STAGE | VER | | ID / RESIDEN | CY VERIFICATION | ON | | *TOTA | L FEES COLLECTED | | |
| The state of the s | | | | | | | | | | | L 1 440 0 0 4 1 1 1 1 1 1 | | |