

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

## OFFICIAL VEHICLE REGISTRATION

| ity Stickers:  |                     |                                  |                            |                                |                          |                    |                        |                     |               |                   |   |                                     | 7675                                | 85      |  |
|--|---------------------|----------------------------------|----------------------------|--------------------------------|--------------------------|--------------------|------------------------|---------------------|---------------|-------------------|---|-------------------------------------|-------------------------------------|---------|--|
| W OR CURRENT TITLE NUMBER  |                     |                                  |                            |                                | 7                        | RANSACTIO<br>CODE  | N N                    | REGISTR             | ATION ONL'    | YNUMBER           |   | _                                   |                                     |         |  |
|  |                     |                                  |                            |                                |                          | <u> </u>           |                        |                     |               |                   |   | <sub>EPS</sub> 4                    | MAO N ILU                           | N       |  |
| NER INFORMATION LEGAL STATUS: 1 (AND) 2 (OR) ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERINAME NAME CODE IN BOX 1 (SAME) 2(DIFFERINAME NAME NAME) 2 (DIFFERINAME NAME) 2 (DIFFERINAME NAME) 2 (DIFFERINAME NAME) 2 (DIFFERINAME NAME) 2 (DIFFERINAME) 2 (DIFFERINA |                     |                                  |                            |                                |                          |                    |                        | NAME                | NAMES) 4(C    | COMPANY) 5(C      | FIRST NAME  | EHS) L                              | MIDDLE INITIA                       |         |  |
| 30WMAN TRA   | ILER LE             | ASING L                          | LC                         |                                |                          |                    | 1                      |                     |               |                   |   |                                     | -                                   |         |  |
| DRESS 1 (MAILING) 10233 GOVERNOR LN BLVD   |                     |                                  |                            |                                |                          |                    |                        | ESS 2 (PHYSIC       | AL)           |                   |   |                                     |                                     |         |  |
| Y STATE ZIP C  |                     |                                  |                            |                                |                          | E                  | СПУ                    | спу                 |               |                   |   |                                     | ZIP CODE                            |         |  |
| NILLIAMSPOR  |                     | MD                               |                            |                                | 21795                    |                    | TELEPHONE #            |                     |               | D/HEARING IMPAIR  | FD CLSVR  | T *INSURANCE POLIC                  | Y 8                                 |         |  |
| OF RESIDENCE PRINCIPAL BUS OR INCORP LOCATION  HAMILTON 033  |                     | 06/2                             | 06/29/2012                 |                                | genta bakerara ing Mass  |                    | TIONS 301              |                     | 82 179        | 3                 |   |                                     |                                     |         |  |
| LICLE INFORMATION  |                     | MAKE                             | MAKE MC                    |                                | YEAR                     | BODY               | TITL.                  | E BRAND - tran      |               |                   | CODE  | 1.3                                 | JEL - translation                   | CODE    |  |
| DW1A53274B   | ST                  | STOU                             |                            | 2004                           | SE                       |                    |                        |                     |               | U                 |   |                                     | 9                                   |         |  |
| RRENDERED TITLE #  | STATE               | STATE PREVIOUS STATES            |                            | ES TITLED                      | VEHICLE                  | E USE VEHICLE TYPE |                        | CURRENT MILEAGE     |               | INDICATOR         | METER ACTUAL (0) NOT ACTUAL (8)<br>CATOR OVER 10 YRS / 18,000 LBS (1) |                                     | CODE                                |         |  |
| 37244230   | TN                  | TN TN                            |                            |                                | F                        |                    | S                      |                     |               |                   | IN EXCESS OF  | MECHANICAL LIMITS (9)               | 1                                   |         |  |
| OR CODE (onter appropriate LOWER   | BILE HOME<br>WOTH   | HOME # AXLES                     |                            |                                | ROSS VEHIC               | LE WEIGH           | T VEHICLE TRADE-IN DES |                     |               | ESCRIPTION        |   | COMPANY VEHICLE #                   | 67585                               |         |  |
| TE INFORMATION *(require   | out fair Talo and   | Dágletintlen and                 | Doolebatt                  | no Ooki Trons                  | eactions) SEE E          | DEVEDSE SIL        | DE EOD C               | OMBI ETE INST       | PLICTIONS     |                   |   |                                     |                                     | 77 303  |  |
| ATE#(1) CLA  | ASSCODE/ISSU        | EYR(1)(3) V                      | ALIDATIO                   |                                | COUNTY STIC              |                    |                        |                     | PLATE #(TR    | RADE IN)(2)       | CLASS CODE/   | SSUE YR(2)                          | EXPIRATION DATE                     |         |  |
| J381161 8020/19 3 STICKER #(4) TEMP OPERATOR I   |                     | <u> </u>                         |                            |                                | F SEATS(5) ZONE(6        |                    | (F)(6)                 | LISTOT /B           |               | STRANT #(7)       |   | MC                                  | PERMA                               | ANEN    |  |
| 1 STICKEN #(4)   |                     | OTT CIMIT YO                     | 7 5.                       |                                | ,,  20.12(0              |                    | ,(-,                   |                     |               |                   |   |                                     | •                                   |         |  |
| 120 E BALTIMORE ST 25 FL N CODE SECOND LIENHOLDER  |                     |                                  |                            |                                |                          | BALTIMORE          |                        |                     |               |                   | STA   | STATE ZIP CODE  MD 21202  LIEN DATE |                                     |         |  |
| REET   |                     |                                  |                            |                                |                          |                    | СПҮ                    |                     | <del></del>   |                   | STA   | TE                                  | ZIP CODE                            |         |  |
|  |                     | NCD OF DIATE                     |                            | 1504                           | U STATUS                 |                    | ME CODE                | П.,                 | IAO 🔲         | nu 🔲              |   |                                     |                                     |         |  |
| ISSEE / REGISTRANT INFO<br>ME  | OHMATION(QW         | NER OF PLATE                     | 9                          | LEGA                           | LISTATUS L               | J NAI              | NAM                    |                     | 1AU L         | <u> </u>          |   |                                     |                                     |         |  |
| DRESS  |                     |                                  |                            |                                |                          | спу                |                        |                     |               |                   |   | STATE ZIP CODE                      |                                     |         |  |
|  | rare galee - 7      |                                  |                            |                                | 44 (Tri) - 11 -          | Nga palakanan      |                        |                     |               |                   |   |                                     |                                     |         |  |
| HICLE COST/TAX INFORI<br>LE PRICE  | TRAD                | E IN ALLOWAN                     | <u>CE</u>                  | rensections)                   | TAX                      | KABLE AMOU         | INT                    |                     | SALESTA       | K PAID            |   | TAX EXE                             | MPTION REASON / SALE                | S TAX # |  |
| ALER NAME DEAL   |                     |                                  |                            |                                | ALER ADDRES              | ss                 |                        |                     |               |                   |   | DEALER #                            |                                     |         |  |
| sourced for Duplicate Title  | T.C.A. 55-3-115     | (submit Megible                  | or altered                 | Certificate of                 | Title)                   |                    |                        |                     |               |                   | in the second second  |                                     |                                     |         |  |
| LOST   | S1                  | OLEN                             | $ \sqcup$                  | MUTILA                         | TED                      | Ш                  | RTN'D DU               | E TO NON DEL        | IEVERY        | _ A               | LTERED  |                                     | ILLEGIBLE                           |         |  |
| ler penalties of perjury, I her<br>s assignees to determine th   |                     | ormation provide information pro | ed is true a<br>wided by n | nd correct to<br>se or on my b | the best of my<br>ehalf. | knowledge, a       | nd acknow              | ledge that it is no | ot the respon | sibility of the M | otor Vehicle Division   | 1 207                               |                                     |         |  |
| 3NATURE OF CERTIFIER   | OWNER               |                                  |                            |                                | POWER OF A               | TTORNEY/A          | UTHORIZE               | ED SIGNATURE        | (IF APPLICA   | BLE)              |   | DATE                                | -<br>08/30/201:                     | 2       |  |
| OICE NUMBER  | COUNTY NA           | NE .                             |                            |                                | CO NUMBER                | DATE OF            | APPLICA                | TION                |               |                   |   |                                     | S(COUNTY CLERK)                     |         |  |
| 12243 @  |                     | LTON<br>ON: Trailer              |                            | l                              | 33                       |                    | 08/30/                 | 2012                | (total f      | ees collected     | KNOWLE  | his form as a                       | valid registration)                 | HJC27   |  |
| GISTRATION FEE 79.75   | CREDIT              |                                  | LEASE                      | FEE                            | Ī                        | RANS FEE           | C                      | LERK FEE            | ISSUANO       | CE FEE            | TLE FEE<br>5.50   | וסדן                                | AL TAX COLLECTED  OO                |         |  |
| MPUTATION OF   | SALES OR I          | JSE TAX                          | SA TAX                     | LO                             | CAL TAX                  | ADDITIONAL         | L TAX                  | COLLE               | CTED IN ST    |                   | OUNTY WHEEL TA  | CIT                                 | Y STICKER FEE                       |         |  |
| SALES TAX USE TA   | ORGAN DO            | NOR                              | POSTA                      | IGE                            | VER                      |                    | IC                     | O / RESIDENCY       | VERIFICATI    | ON                |   |                                     | TAL FEES COLLECTED                  |         |  |
| 1357 Port: WK  | <br> <br> 48/DR27/8 | 3020 C                           | Cash: (                    | 0.00                           | Check:                   | 0.00               | Chec                   | k#:                 | Credit:       | 0.00              | Auth#:  | 1                                   | <b>)7.25</b><br><b>je: 0.00</b> RDA | -692    |  |