

780909

4. OR CURRENT TITLE NUMBER

NEED INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ☐ ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTERS) ☒ MAO ☒ ILU ☒

ST NAME	FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL
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ADDRESS 1 (MAILING)	ADDRESS 2 (PHYSICAL)
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Y	STATE	ZIP CODE	CITY	STATE	ZIP CODE
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OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION	PURCHASE DATE		TELEPHONE #	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
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NO SUBORDINATION

VEHICLE INFORMATION									
		MAKE	MODEL	YEAR	BODY	TITLE BRAND - translation	CODE	TYPE OF FUEL - translation	CODE

1J5V552W85LE552508	WABA	100	2005	SE	USED	0	5
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042460F0299	WI		F	S			1
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780909

NOTE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

ITE # (1)	CLASSCODE/ISSUEYR (1)/(3)	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)/(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)/(2)/(3)
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3 STICKER #(4)	TEMP OPERATOR PERMIT #(3)	# OF SEATS(5)	ZONE(COUNTY NAME)(6)	USDOT / REGISTRANT #(7)	MOTOR CARRIER #(8)
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11	12	13	14	15	16	17
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ADDITIONAL INFORMATION (If lien present)

N CODE	FIRST LIENHOLDER	LIEN DATE
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STREET CITY STATE ZIP CODE

N CODE	SECOND LIENHOLDER	LIEN DATE
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NAME	DOB	STATE	ZIP CODE

REET	CITY	STATE	ZIP CODE

SSEE / REGISTRANT INFORMATION(OWNER OF PLATE)		LEGAL STATUS	NAME CODE	MAO	ILU
VE		NAME			

 DRESS CITY STATE ZIP CODE

FILE COST/TAX INFORMATION *(required for Title & Registration Transactions)

NET PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALES TAX PAID	TAX EXEMPTION REASON / SALES TAX #
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ALER NAME	DEALER ADDRESS	DEALER #
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Required for Duplicate Title - T.C.A. 55-3-115 (submit legible or altered Certificate of Title)

☐ LOST	☐ STOLEN	☐ MUTILATED	☐ RTND DUE TO NON DELIVERY	☐ ALTERED	☐ ILLEGIBLE
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Under penalty 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's assessors to determine the accuracy of the information provided by me or on my behalf.

I assignees to determine the accuracy of the information provided by me or on my behalf.		
NATURE OF CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)	DATE

				09/10/2012
OFFICE NUMBER	COUNTY NAME	CO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)

12254 @	HAMILTON	33	09/10/2012	W.F. (BILL) KNOWLES	HJC2
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ICE USE ONLY		EMISSION: Trailer		(total fees collected indicated certifies this form as a valid registration)			
REGISTRATION FEE	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE	TITLE FEE	TOTAL TAX COLLECTED
10.00					10.00	5.00	25.00

79.75					12.00	5.50	.00
IMPUTATION OF	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY STICKER FEE

SALES TAX ☐ USE TAX							
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DRIVE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	TOTAL FEES COLLECTED
					97.25