



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

OFFICIAL VEHICLE REGISTRATION

807617

NEW OR CURRENT TITLE NUMBER 91363406		TRANSACTION CODE N01	REGISTRATION ONLY NUMBER	
OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ☐ ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 23 CHARACTERS) ☒ 5 MAO ☒ N ILU ☒ N				
LAST NAME WELLS FARGO EQUIPMENT FINANCE		FIRST NAME MIDDLE INITIAL	LAST NAME FIRST NAME MIDDLE INITIAL	
ADDRESS 1 (MAILING) 3100 WEST END AVE STE 530		ADDRESS 2 (PHYSICAL) 3668 SOUTH GEYER RD 350		
CITY NASHVILLE	STATE TN	ZIP CODE 37203	CITY SUNSET HILLS	STATE MO ZIP CODE 63127-1233
CITY OF RESIDENCE/PROPRIAL BUS OR CORP LOCATION DAVIDSON 019	PURCHASE DATE 04/09/2013	*LEASED ☐ 0 *SERVICE OPTIONS ☐ SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 3395218	*PLACARD HEARING IMPAIRED CLS/YR *INSURANCE POLICY #
VEHICLE INFORMATION				
VIN 1JJV532D1EL807617	MAKE WABA	MODEL DVL	YEAR 2014	BODY SE
SURRENDERED TITLE # MSO		STATE TN	PREVIOUS STATES TITLED	VEHICLE USE F
COLOR CODE (enter appropriate code)* UPPER 9		MOBILE HOME LOSH WIDTH	# AXLES	GROSS VEHICLE WEIGHT
PLATE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS		CURRENT MILEAGE		
PLATE # (1) U443888	CLASS CODE/ISSUE YR (1)(2) 8020/1994	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)
TOR STICKER # (4)		TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)
LIEN INFORMATION (if lien present)		USDOT / REGISTRANT # (7)		
LIEN CODE	FIRST LIENHOLDER	LIEN DATE		
STREET		CITY		
LIEN CODE		SECOND LIENHOLDER		
STREET		CITY		
*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)		LEGAL STATUS ☐ NAME CODE ☐ MAO ☐ ILU ☐		
NAME		NAME		
ADDRESS		CITY		
VEHICLE COST / TAX INFORMATION * (required for Title & Registration Transactions)		SALE TAX PAID		
SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	TAX EXEMPTION REASON / SALES TAX # 100551600	
DEALER NAME INDIVIDUAL		DEALER ADDRESS		DEALER # 9999
*Required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title)				
☐ LOST	☐ STOLEN	☐ MUTILATED	☐ RTND DUE TO NON DELIVERY	☐ ALTERED
☐ 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 4/11/2013 11:08:37 AM
INVOICE NUMBER 13101 @		COUNTY NAME DAVIDSON	CO NUMBER 19	DATE OF APPLICATION 04/11/2013
OFFICE USE ONLY		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) BRENDA WYNN 102MSMITH - 1		
REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE
COMPUTATION OF	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX
☐ SALES TAX ☐ USE TAX				
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION
TOTAL TAX COLLECTED 79.75				