

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

OFFICIAL VEHICLE REGISTRATION

City Stic									_						818	90(
841876	77				TRANSACTION REGISTRATION ONLY NUMBER NO1												
OWNER INFOR	RMATION *LEGA	L STATUS	S: 1 (AND) 2 (0	n)	ENTER	NAME CODE	IN BOX 1 (SAM	AE) 2(DIFFERE	NT) 3(N	WULTIPLE LAS	T NAMES) 40	COMPANY) 5(OV	ER 28 CHARACT	ERS) 5	MAO N	ILU N	
LAST NAME	AN SALI		F	IRST NA	ME		MIDDLE INITIA			NAME		**************************************	FIRST NAME		MIDDLE I		
PO BO		%	10233 (20VF	-NOI	RINR	I VD		ADDF	RESS 2 (PHYS)	CAL)						
CITY	A 100		10200	30 1	STATE		ZIP COD	E	СПҮ	·			S1	TATE	ZIP CODE		
WILLIAMSPORT CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION PURCHASE				MC)	21795						MEARING IMPAIRED CLSVR		/R *INSURANCE PO	LICY#		
	TON 033	-		06/3	0/201	1 SEE	REVERSE SIDE FO		ıs 🔃	<u> </u>	582 179					· .	
VEHICLE INFO	RMATION			MAKE		MODEL	YEAR	BODY	ТП			te code	CODE	TYPE OF	FUEL - list the appropriate	CODE	
1JJV532W5XL520429			9	WABA		1JJ	1999 SE			TITLE BRAND -list the appropriate code (NINEW (1)RECONSTRUCTED VEHIC (U)USED (2)FLOOD DAMAGE (D)DEMO (3)SPECIALLY CONSTRUCTION (8)PARTS ONLY		ED VEHICLE STRUCTED	U	COde GAS (1) ELECTRIC/HYBRID (3) DIESEL (2) PROPANE (4)		9	
SURRENDERED TITLE #				STATE	PRE	/IOUS STATE	ES TITLED	VEHICLE U		VEHICLE TYPE		ENT MILEAGE	ODOMETER	ACTUAL ((0) NOT ACTUAL (8) YRS / 16.000 LBS (1)	CODE	
0513104020633				wi			F			S			(List one) IN EXCESS OF		YRS / 16,000 LBS (1) OF MECHANICAL LIMITS (S	" 1	
COLOR CODE (enter appropriate code)* UPPER LOWER MOBILE HI LGTH				WDTH			ES GR	OSS VEHICLE	WEIGH			EHICLE TRADE-IN DESCRIP				COMPANY VEHICLE # 818901	
PLATE INFORM	MATION *(requir	ed for Title	and Registrat	ion and R	ecistratio	on Only Trans	actions) SEE R	EVERSE SIDE	FOR C	OMPLETE INS	TRUCTIONS	ADE INVO		\$721g		3 to 10 to 1	
PLATE #(1) U33342	000	330000	188UEYR(1)(3 20/1994	" "~	IDATIO!	l #(1)	COUNTY STIC	KER #(1) CI	TY STIC	CKER #(1)(2)	*PLATE #(TI	RADE IN)(2)	CLASS CODE/	ISSUE YR	(2)	ATE (1)(2)(3) MANENT	
TDR STICKER			ERATOR PER		•	OF SEATS(5	i) ZONE(C	OUNTY NAME)	(6)		ISDOT / REG	ISTRANT #(7)			MOTOR CARRIER #(8)		
			2400.00 4 10 10 10	V. 172.14					7 10000		4		Marin Stan Control				
LIEN INFORMA	TION (If lien ore					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										N DATE	
			JST BA	NK												/30/2011	
STREET 1	20 E BA	LTIMO	ORE 25	TH F	L				CITY	BALTIN	IORE		STA	MD	21202		
LIEN CODE	SECOND LI	ENHOLDE	R												riei	N DATE	
STREET	_}								СПҮ				STA	TE	ZIP CODE		
n Coffee (St	100 Sept. 2010 192	81,510 E-1 TV	9900 JACOB	94 W &	Rg-	Maso State	San de Britan		136.5	المروق (10 مانية) المروق (10 مانية)		. V ria nce		72.6°	B ERG AND ELLIS		
LESSEE/REC	SISTRANT.INFO	RMATION	(OWNER OF	PLATE)		LEGA	LISTATUS L	NAME			MAO L	ַ בּטער	***				
															710.0	205	
ADDRESS								C	ΠY				STA	ATE	ZIP C	ODE	
	T/TAX INFORM					ransactions)		ABLE AMOUNT				V DAID			XEMPTION REASON / S.	AI FS TAX #	
SALE PRICE TRADE IN ALLOWANCE								,	SALESTAX PAID								
DEALER NAME						DEA	ALER ADDRESS	5				DEALER #					
*Required for D	Duolicale Title - T	CA 55-3	-115 (submit li		altered (Certificate of	Title)										
LOST			STOLEN			MUTILAT	i	RT	טם סיא־	JE TO NON DE	LIEVERY	ALTI	ERED		ILLEGIBLE		
Under penalties or its assignees	of perjury, I here to determine the	eby certify accuracy	all information of the informa	provided tion provi	is true a ded by m	nd correct to ite or on my b	the best of my k ehalf.	nowledge, and	acknow	fedge that it is r	not the respon	sibility of the Moto	r Vehicle Division				
SIGNATURE O	OF CERTIFIER/C	WNER					POWER OF AT	TORNEY/AUT	HORIZE	ED SIGNATURI	E(IF APPLICA	BLE)		D.	^{ATE} 11/22/20	011	
NVOICE NUME	_	COUNTY		-			CONUMBER	DATE OF A							CLES(COUNTY CLERK)	H ICOZ	
11326 OFFICE USE O	NLY	EM	AMILTO ISSION: TI		-		33			2011	(total f	. (BILL) K	licated certifies t	his form a	as a valid registration)	HJC27	
REGISTRATIO 79.75	N FEE	CREDIT	т		LEASE	FEE	TF	RANS FEE	٦	LERK FEE		CE FEE TITLE	5.50	- [.00		
COMPUTATIO	N OF		OR USE TAX	5	A TAX	LOC	CAL TAX	ADDITIONAL T	AX	COLL	ECTED IN ST	ATE OF COU	NTY WHEEL TAX		CITY STICKER FEE		
SERVICE OP			DONOR		POSTA	GE	VER		TIE.	D / RESIDENCY	/ VERIFICATI	ON		1:	TOTAL FEES COLLECTE 97.25	D	
SF-1357 F	Port: WK	48/DR2	27/8020	Ca	sh: (0.00	Check:	0.00	Chec	:k#:	Credit:	0.00 A	Auth#:	Cha	nge: 0.00 F	DA-692	