Carlisle

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

OFFICIAL VEHICLE REGISTRATION



Ghange: 0.00

SCA-502

City Stic		MIMPER						170	ANGACTIO		DECIG	TRATION ON	II V MI IMPI						STATE	
NEW OR CURRENT TITLE NUMBER 94506533						TRANSACTION CODE*				N	REGISTRATION ONLY NUMBER									
				П												4	1	N ,	LU N	
LAST NAME	MATION *L	EGAL STATE		IRST NA	ME	AME CO	ME CODE IN BOX 1 (SAME) 2(DIFFEREN MIDDLE INITIAL				NT) 3(MULTIPLE LAST NAMES) 4(COMPANY) LAST NAME				FIRST NAME	ERS)	MAO ILU ILU III MIDDLE INITIAL			
		R LEAS	SING LLO	3																
10233 (M		PNOP	LN BLVI	.						ADD	DRESS 2 (PHYS	SICAL)								
CITY	JOVL	KNOK	LIA DEAL		STATE	ZIP CODE				CITY	CITY				STATE			ZIP CODE		
WILLIAMSPORT MD						21795									CARD/HEARING IMPAIRED CLS/YR					
CATY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION PURCHASE DATE HAMILTON 033 11/14/2014						·LEASED 0 ·SERVICE OPTION								CARD/HE	ARING IMPAIR	RED CLS/	'R *INSU	RANCE POL	ICY#	
)33 ———————————————————————————————————		1 1/1	4/201	4	SEE REVERSE	SIDE FOR	INSTRUCTIONS		301	302 17	33							
VEHICLE INFORMATION VIN MAKI				MAKE		MODEL	YEAR		BODY	TITLE BRAND - tra		anslation	nslation		CODE TY		YPE OF FUEL - translation			
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UPPER	COLOR CODE (enter appropriate code)* UPPER LOWER MOBILE HOME LGTH W				#AXLES				OSS VEHICI	LE VVEIG	WEIGHT VEHICLE TRAL			IE-IN DESCRIPTION			COMPANY VEHICLE #			
PLATE INFORM	ATION *(re	quired for Titl	e and Registrati	on and R	egistration	Only Tr	ansactions)	SEE RE	VERSE SID	E FOR	COMPLETE IN:	STRUCTIONS	S						70-100	
PLATE #(1)		CLASSCODE	E/ISSUEYR(1)(3) VAL	IDATION			Y STICK			TICKER #(1)(2)		TRADE IN)(2)	CLASS CODE/I	SSUE YR	(2) EXF	PIRATION DA		
U554035 8020/1994 TDR STICKER #(4) TEMP OPERATOR PERMIT #(3)					# 0	# OF SEATS(5) ZONE(COUNTY NAME)					(6) USDOT / REGISTRANT #						MOTOR CAR	17 17 17 17 17 17 17 17 17 17 17 17 17 1	MANENT	
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LIEN INFORMAT																1				
LIEN CODE FIRST LIENHOLDER																		3000000	DATE	
SUNTRUST BANK STREET						CITY								11/14/2014 STATE ZIP CODE MD 21202						
120 E BALTIMORE ST 25 FL						BALTIMORE									MD				DATE	
LILIY GODE	Jesom	J EIEM IOED																	J/112	
STREET						CITY								STATE				ZIP CODE		
*LESSEE / REGI	STRANT	NFORMATIO	N(OWNER OF	PLATE)		LEC	GAL STATE	ıs L	NAM	E CODE NAM		MAO L	ILU L	J						
ADDRESS										CITY					STA	TE		ZIP CO	DE .	
ADDRESS										CITT					317			ZIF CO		
VEHICLE COST	/ TAX INFO		required for Title			ansaction	ns)	TAXA	BLE AMOUN	NT		SALESTA	AX PAID			*TAX E	XEMPTION R	EASON / SA	LES TAX#	
			TO DE ITTRESTANTO			2000 million Contact (100 to 100 million (100					O'LLOW THIS									
DEALER NAME			1.				DEALER AD	DRESS									DEALER	R#		
*Required for Du	plicate Title	- T.C.A. 55-3	3-115 (submit III)	egible or	altered Ce	rtificate o	of Title)													
LOST			STOLEN			MUTIL	LATED		F	RTN'D D	UE TO NON DE	LIEVERY		ALTER	ED			ILLEGIBLE		
Under penalties o or its assignees to	f perjury, I	hereby certify the accuracy	all information p	provided on provided	is true and ded by me	correct to	to the best	of my kno	owledge, and	d acknow	wledge that it is	not the respo	nsibility of the	ne Motor \	ehicle Division					
SIGNATURE OF											ZED SIGNATUR					D	ATE O	/07/20	15	
INVOICE NUMBE	R	COUNT	YNAME				CO NUM	IBER	DATE OF	APPLIC	ATION	BY AU	THORITY C	F REGIS	TRAR OF MOT	OR VEHIC			15	
15007 @ HAMILTON				33 01/				1/07					L) KNOWLES ed Indicated certifies this form a			HCM27				
REGISTRATION		CREDI	IISSION: Tra	iller	LEASE F	EE		TRA	ANS FEE		CLERK FEE	ISSUAN	ICE FEE	TITLE F	EE	nis form a	OTAL TAX CO	Stration) DLLECTED		
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SALES TAX			NONOR	Д,	POSTAG			VER			ID / RESIDENC	Y VEDIEICAT	ION			<u> </u>	TOTAL FEES	COLLECTED		
*SERVICE OPT FEE ORGAN DONOR POST					PUSTAG	- VER					ID / RESIDENCY VERIFICATION						97.25			

Port: +:\48/DP.27/8820