

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

## OFFICIAL VEHICLE REGISTRATION



| City Stic  |  |          |                               |          |   |   |               |              |                             |                                      |                          |                         | 700                                       |  |          |                              | S                       | TATE  |  |
|--|--|----------|-------------------------------|----------|---|---|---------------|--------------|-----------------------------|--------------------------------------|--------------------------|-------------------------|---|--|----------|------------------------------|-------------------------|-------|--|
| NEW OR CURRENT TITLE NUMBER  |  |          |                               |          |   | TRANSACTION CODE:   |               |              |                             |                                      | REGISTRATION ONLY NUMBER |                         |   |  |          |                              |                         |       |  |
| 9448744  | 49   |          | г                             |          |   |   |               | N01          |                             |                                      |                          |                         |   |  | <u> </u> | 1                            | N                       | NTI   |  |
| OWNER INFORM   | MATION *LEGA   | AL STATU | S: 1 (AND) 2 (0R) L           | TER NAME | ER NAME CODE IN BOX 1 (SAME) 2(DIFFEREN<br>MIDDLE INITIAL |   |               |              |                             | NT) 3(MULTIPLE LAST NAMES) 4(COMPANY |                          |                         |   | ) 5(OVER 28 CHARACTERS)  |          |                              | N                       |       |  |
|  | RAILER   | FAS      |                               | MID      | L   | LAS   | LAST NAME     |              |                             |                                      | FIRST NAME               |                         |   | MIDDLE INITIAL   |          |                              |                         |       |  |
| ADDRESS 1 (MA  |  |          |                               | H        |   |   |               |              | ADDRESS 2 (PHYSICAL)        |                                      |                          | +                       |   |  |          |                              |                         |       |  |
| 10233 0  | OVERN  | IOR I    | N BLVD                        |          |   |   |               |              |                             |                                      |                          |                         |   |  |          |                              |                         |       |  |
| CITY   |  |          | TATE                          |          |   | CITY  | CITY          |              |                             |                                      | STATE                    |                         |   | ZIP CODE   |          |                              |                         |       |  |
|  |  |          |                               |          |   | ID 21795  |               |              |                             | TELEPHONE # 1 *PLA                   |                          |                         |   | CARD/HEARING IMPAIRED CLS/YR   |          |                              | /R   "INSURANCE POLICY# |       |  |
| CNTY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION PURCHASE DAT  HAMILTON 033 10/17/2  |  |          |                               |          |   | *I EASED 0 -SERVICE OPTION  |               |              |                             |                                      |                          |                         | LACARD/H                                  | EARING IMPAIR  | ED CLSA  | R *INSUR                     | ANCE POLICY             | #     |  |
|  |  | 3        | 10                            | 17/12    | 2014  | SEE REVE  |               | INSTRUCTIONS |                             | 240                                  | 0 77.                    | 2 5501                  |   |  |          |                              |                         |       |  |
| VEHICLE INFORMATION VIN MAKE   |  |          |                               |          | мог   | DEL   | YEAR          | BODY         | DDY TITLE BRAND - tr        |                                      |                          | tion                    |   | CODE   | TYPE OF  | OF FUEL - translation CODE   |                         |       |  |
| 13N14830231516566 FONA   |  |          |                               | 1        | 13N 200   |   | SE            |              | USED                        |                                      |                          |                         | u   |  |          |                              | 9                       |       |  |
| and the state of t |  |          |                               |          |   | REVIOUS STATES TITLED   |               |              | USE                         |                                      |                          | CURRENT M               | LEAGE                                     | ODOMETER ACTUAL (0<br>INDICATOR OVER 10 YI<br>(List one) IN EXCESS ( |          | 0) NOT ACTUAL (8)            |                         | CODE  |  |
| 10957590 ME  |  |          |                               |          |   |   |               | F            |                             | s                                    |                          |                         |   | (List one) IN EXCESS   |          | OF MECHANICAL LIMITS (9)     |                         | 1     |  |
| COLOR CODE (enter appropriate code)* UPPER LOWER LOTH WDTH   |  |          |                               |          | 1   | # AXLES GROSS VEHICLE   |               |              |                             |                                      | +                        | *VEHICLE TRA            | DE-IN DES                                 | CRIPTION   |          | COMPANY                      | VEHICLE#                |       |  |
| O  | 200  |          |                               |          |   |   |               |              |                             |                                      |                          |                         |   |  |          |                              | FA480096                |       |  |
|  |  |          | and Registration a            |          |   |   |               |              |                             |                                      |                          |                         |   |  |          |                              |                         |       |  |
| U54582   |  |          | 20/1994                       | VALIDA   | TION #(1)   | COU   | NTY STICK     | ŒR #(1)      | CITYST                      | TICKER #(1)(2                        | 2)   *PL                 | ATE #(TRADE IN          | 1)(2)                                     | CLASS CODE/IS  | SSUE YR  | (2) EXPIR                    | DEDMA                   |       |  |
| TDR STICKER #(4) TEMP OPERATOR PERMIT #(3)   |  |          |                               |          | # OF SE   | ATS(5)  | DUNTY NAME    | F)(6)        | 6) USDOT / REGISTRANT #     |                                      |                          | T #(7)                  | #(7) M(                                   |  |          | PERMANENT MOTOR CARRIER #(8) |                         |       |  |
|  |  |          |                               | ,        |   | (- )  |               |              | -/(-/                       |                                      |                          |                         |   |  |          |                              | (0)                     |       |  |
| LIEN INFORMAT  | TION (If lien pre  | sent)    |                               |          |   |   |               |              |                             |                                      | 1                        |                         |   |  |          |                              |                         |       |  |
| LIEN CODE FIRST LIENHOLDER   |  |          |                               |          |   |   |               |              |                             |                                      |                          |                         |   | LIEN DATE  |          |                              |                         |       |  |
| SUNTRUST BANK  |  |          |                               |          |   |   |               |              |                             |                                      |                          |                         |   | 10/17/2014   |          |                              |                         |       |  |
| 120 E BALTIMORE ST 25 FL   |  |          |                               |          |   | BALTIMORE   |               |              |                             |                                      |                          |                         |   | STATE ZIP CODE  MD 21202   |          |                              |                         |       |  |
| LIEN CODE SECOND LIENHOLDER  |  |          |                               |          |   |   |               |              |                             |                                      |                          |                         |   |  |          |                              | LIEN DAT                | E     |  |
|  |  |          |                               |          |   |   |               |              |                             |                                      |                          |                         |   |  |          |                              |                         |       |  |
| STREET   |  |          |                               |          | CITY  |   |               |              |                             |                                      |                          |                         | STAT                                      | E  | ZI       | PCODE                        |                         |       |  |
| # F00FF ( DF0)   | nrn1117 1117A  |          | VALUED OF DIA                 |          |   |   | [             | l            |                             | . [                                  |                          | ПГ                      |   |  |          |                              |                         |       |  |
| *LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE) LEGAL STATUS NAME CODE MAO LILU NAME  |  |          |                               |          |   |   |               |              |                             |                                      |                          |                         |   |  |          |                              |                         |       |  |
| ADDRESS  |  |          |                               |          |   | CITY  |               |              |                             |                                      |                          |                         |   | STA  | TE       |                              | ZIP CODE                |       |  |
| , ibbnicoo   |  |          |                               | 7        | GIT   |   |               |              |                             |                                      |                          |                         | 017                                       |  |          | Zii GODE                     |                         |       |  |
| VEHICLE COST   | / TAX INFORM   |          | equired for Title & F         |          | ion Transac   | tions)  | Iv.           | ni E AMOU    |                             |                                      |                          |                         |   |  | Teray e  | XEMPTION REA                 | 0011101150              | -AV.4 |  |
| SALE PRICE TRADE IN ALLOWANCE  |  |          |                               |          | BLE AMOUN   |   | SALESTAX PAID |              |                             |                                      |                          | IAX E                   | XEMPTION REA                              | SON / SALES  | IAX#     |                              |                         |       |  |
| DEALER NAME  |  |          |                               |          |   | DEALER  | ADDRESS       |              |                             |                                      |                          |                         |   |  |          | DEALER#                      |                         |       |  |
| *Required for Dur  | olicate Title - T  | C A 55.3 | 115 (submit Illegible         | or alter | red Certifics   | te of Title)  |               |              |                             |                                      |                          |                         |   |  |          |                              |                         |       |  |
| LOST   |  |          | STOLEN                        | ĪГ       |   | TILATED   | I             |              | TAPO D                      | UE TO NON I                          | DELLE                    | EDV                     | ALTE                                      | DED  |          | П "                          | LEGIBLE                 |       |  |
|  |  |          |                               |          |   |   |               |              |                             |                                      |                          |                         |   |  |          |                              | LEGIBLE                 |       |  |
| or its assignees to<br>SIGNATURE OF  |  |          | of the information provi      | ovided b | by me or on   | and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the or or my behalf.  POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) |               |              |                             |                                      |                          |                         | f the Motor                               | Vehicle Division   | D/       | ATE                          |                         |       |  |
|  |  |          |                               |          |   | . STEELS SINE IN STREET GOINTONE (II APPLICABLE   |               |              |                             |                                      |                          |                         |   |  | "        |                              | 30/2014                 | 2     |  |
| INVOICE NUMBER COUNTY NAME   |  |          |                               |          |   | CON   | DATE OF A     | APPLIC       | PLICATION BY AUTHORITY O    |                                      |                          | OF REGIS                | REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) |  |          |                              |                         |       |  |
|  |  |          | HAMILTON<br>EMISSION: Trailer |          |   |   | 33            | 10           | 0/30                        | 30/2014                              |                          |                         |   | NOWLES   |          | HCM27                        |                         |       |  |
| REGISTRATION   |  | CREDIT   |                               | LEA      | ASE FEE   |   | TRA           | ANS FEE      | T                           | CLERK FEE                            | T                        | ISSUANCE FEE            | TITLE                                     | FEE  | T        | OTAL TAX COL                 | LECTED                  |       |  |
| 79.75  | OF   | SALES    | OR USE TAX                    | SA TA    | λX  | LOCAL TA  | X A           | DDITIONAL    | TAX                         | CO                                   | DLLECT                   | 12.00<br>ED IN STATE OF |   | 5.50<br>TYWHEEL TAX  | -        | .00                          | EE                      |       |  |
| ☐ SALES TAX  | A CONTRACTOR OF THE PARTY OF TH |          |                               |          |   |   |               |              |                             |                                      |                          |                         |   | , reconstité (5  |          |                              |                         |       |  |
| *SERVICE OPT F   | OPT FEE ORGAN DONOR PO   |          |                               | POS      | STAGE   |   | VER           |              | ID / RESIDENCY VERIFICATION |                                      |                          |                         |   |  | •        | 10TAL FEES CO                | DLLECTED                |       |  |

Credit: 0.00

Auth#:

Change: 0.00

RDA-692

Port: wk48/DR27/8020