

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

OFFICIAL VEHICLE REGISTRATION



| City Stickers: | | | | | | | | | MINIST I | a na a sa | STATE |
|--|----------------------------|---|-------------------------------|---------------|---------------------|--------------------------------------|--------------------------------|--|--|---|--------------|
| NEW OR CURRENT TITLE NUMBER | | | | TE | RANSACTION CODE* | REGIS | TRATION ONLY NUMBE | R | | | |
| 94488851 | | | | | N01 | | | | | | |
| OWNER INFORMATION *LEGA | L STATUS: 1 (AND) 2 | (OR) L ENTER NA | ME CODE IN | BOX 1 (SAM | E) 2(DIFFERE | NT) 3(MULTIPLE LA | ST NAMES) 4(COMPAN | r) 5(OVER 28 CHARACTE | RS) 4 | MAO N IL | u N |
| BSE TRAILER I | MI | DDLE INITIA | L | LAST NAME | | FIRST NAME MID | | MIDDLE INIT | TIAL | | |
| ADDRESS 1 (MAILING) | EASING LL | | | | | ADDDESS & (DUV | | | | | (|
| 10233 GOVERN | IOR I N BI V | 'n | | | | ADDRESS 2 (PHYS | SICAL) | | | | , |
| CITY | OK EN BEV | STATE | | ZIP CODE | | CITY | | STA | ATE | ZIP CODE | |
| WILLIAMSPORT ME | | | | | | | | | | | |
| ENTY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION PURCHASE DATE | | URCHASE DATE | | | | | | CARD/HEARING IMPAIRE | ED CLS/YR | *INSURANCE POLI | CY# |
| HAMILTON 033 10/01/201 | | | 14 *LEASED 0 *SERVICE OPTION: | | | 240-772-5501 | | | | | |
| VEHICLE INFORMATION | | | | | | | | | | | |
| VIN MAKE | | MAKE | MODEL YEA | | BODY | TITLE BRAND - tr | ranslation | CODE | ODE TYPE OF FUEL - translation | | CODE |
| 1PNV482SXSHB93666 PIN | | PINE | 1PN | | SE | USED | | U | | | 9 |
| SURRENDERED TITLE # STATE PRE | | | VIOUS STATES TITLED VEHI | | | SE VEHICLE TYPE | CURRENT MILE | AGE ODOMETER INDICATOR | ETER ACTUAL (0) NOT ACTUAL (8) ATOR OVER 10 YRS / 16,000 LBS (1) e) IN EXCESS OF MECHANICAL LIMITS (9) | | CODE |
| 143013302032 OK | | | | | F | S | | (List one) IN EXCESS C | | OF MECHANICAL LIMITS (9) | |
| COLOR CODE (enter appropriate c UPPER LOWER | ME WDTH | # AXLES GROSS VEHICLE V | | | WEIGHT | *VEHICLE TRADE | IN DESCRIPTION | ESCRIPTION COMPANY VEHICLE # | | | |
| 0 | | | | | | | | | V 5 | 48666 | |
| PLATE INFORMATION *(require | od for Title and Registra | ition and Registration (3) VALIDATION # | | ons) SEE RE | | OR COMPLETE IN: Y STICKER #(1)(2) | STRUCTIONS *PLATE #(TRADE IN)(| 2) CLASS CODE/IS | CHE VB/2 | EVEL DATION DA | TE (1)(2)(2) |
| U546147 | 8020/1994 | | " " | on onon | LIC W(1) | TOTIONEN #(1)(2) | PENTE #(TIXABE IN)(| c c c c c c c c c c c c c c c c c c c | SUL TR(2) | EXPIRATION DAT | ANENT |
| TDR STICKER #(4) | EMP OPERATOR PER | | SEATS(5) | ZONE(CO | UNTY NAME)(| 6) | USDOT / REGISTRANT | #(7) | мото | OR CARRIER #(8) | JANE IVI |
| | | | | | | | | | | | |
| LIEN INFORMATION (If lien pre | sent) | | | | | 1. | | 1000 | | | |
| LIEN CODE FIRST LIENH | | | | | | | | | | LIEN | DATE |
| | NTRUST BA | NK | | | | | | | | | 01/2014 |
| 120 E BAI | BALTIMORE | | | | | STATE ZIP CODE MD 21202 | | | | | |
| LIEN CODE SECOND LIE | | | | | | | | LIEN | DATE | | |
| | *** | | | | | | | | | | |
| STREET | | | CITY | | | | | STATI | STATE ZIP CODE | | |
| | | | | | | | | 1 | | | |
| *LESSEE / REGISTRANT INFOI | RMATION(OWNER OF | PLATE) | LEGAL S | TATUS L | NAME (| NAME | MAO L ILU L | | | | |
| Apparas | | | | | | | | | | | |
| ADDRESS | CITY | | | | | STATE ZIP CODE | | | | | |
| VEHICLE COST / TAX INFORM | ATION *(required for Ti | tle & Registration Tran | sactions) | | | | | | | | |
| SALE PRICE TRADE IN ALLOWANCE | | | | TAXA | BLE AMOUNT | SALESTAX PAID | | | *TAX EXEMP | PTION REASON / SAL | .ES TAX# |
| DEALER NAME | | | DEALE | R ADDRESS | | | | | DEALER# | | |
| | | | | | | | | | | | |
| *Required for Duplicate Title - T. | C.A. 55-3-115 (submit I | llegible or altered Cert | ificate of Title | | | | | | T= | | |
| LOST | STOLEN | | MUTILATED | | RTN | I'D DUE TO NON DE | ELIEVERY | ALTERED | | ILLEGIBLE | |
| Under penalties of perjury, I herel or its assignees to determine the | by certify all information | provided is true and o | correct to the t | est of my kno | owledge, and a | cknowledge that it is | not the responsibility of the | ne Motor Vehicle Division | | | |
| SIGNATURE OF CERTIFIER/OV | VNER | nion provided by me o | | | | ORIZED SIGNATUR | | | DATE | | |
| | | | | | | | | 11/04/201 | 14 | | |
| 14308 @ | HAMILTO | NI . | CO | NUMBER | DATE OF AP | | | F REGISTRAR OF MOTO | | | LICHART |
| OFFICE USE ONLY REGISTRATION FEE | EMISSION: Ti | railer | | 33 | | 04/2014 | (total fees collec | L) KNOWLES ted Indicated certifies th | is form as a va | alid registration) | HCM27 |
| 79.75 | CREDIT | LEASE FE | E | TRA | ANS FEE | CLERK FEE | 12.00 | 5.50 | TOTAL | TAX COLLECTED | |
| COMPUTATION OF | SALES OR USE TAX | SA TAX | LOCAL | TAX A | DDITIONAL TA | X COL | LECTED IN STATE OF | COUNTY WHEEL TAX | 100 | STICKER FEE | |
| SALES TAX USE TAX | ORGAN DONOR | POSTAGE | | VER | | ID / RESIDENC | YVERIFICATION | | ***** | L FEES COLLECTED | |
| | | . 55.7,62 | | 1 | | iscolbeito | ID / RESIDENCY VERIFICATION | | 97.25 | | |

Cash: 0.00

Check: 0.00

Check#:

Credit: 0.00

Auth#:

Change: 0.00

Port: WK52/DR27/8020