

Authe:

RDA-092

Credit: 0.00

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

OFFICIAL VEHICLE REGISTRATION



| City Stickers: | | | | | | | | | NAME OF STREET | יים ארני מים אחרים איני מים אוריים מים אחרים אינים | STATE | |
|--|--|--|---|---|--|--|--|---|----------------|---|---------------------|--|
| 94488965 | NUMBER | | | *************************************** | NO1 | REGIST | RATION ONLY NUMBER | l | | | | |
| | | | | | | | | | 4 | MAO N ILU | N | |
| NER INFORMATION *LI ST NAME | EGAL STATUS: 1 (AND) 2 | FIRST NAME | ME CODE IN BOX | 1 (SAME) 2(E INITIAL | (DIFFERENT) | 3(MULTIPLE LAST ST NAME | NAMES) 4(COMPANY) | 5(OVER 28 CHARACT FIRST NAME | TERS) | MAO LLU MIDDLE INITIA | | |
| SE TRAILER | R LEASING LI | LC | | | | | | | | | | |
| DRESS 1 (MAILING) | | | | | AD | DRESS 2 (PHYSIC | CAL) | | | | | |
| | RNOR LN BL | | | | | | | | **** | ZIP CODE | | |
| WILLIAMSPORT ME | | | | | | CITY | | STATE | | ZIF GGDE | | |
| TY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION PURCHASE DATE HAMILTON 033 10/01/20* | | | *LEASED 0 *SERVICE OPTION SEE REVERSE SIDE FOR INSTRUCTIONS | | | The second secon | | CARD/HEARING IMPAIRED CLS/YR | | *INSURANCE POLICY | *INSURANCE POLICY # | |
| HICLE INFORMATION | | Luave | ionei Lyr | -an | BODY T | TITLE DDAND. | | CODE | TYPE OF FI | UEL - translation | CODE | |
| 1GRAA9625JS134741 GDAN | | - 11 | | 988 | CF | TITLE BRAND - tran | islation | U | TIPEOFF | OEL - II ATSIAUOTI | 9 | |
| RENDERED TITLE # | 0104741 | | JS STATES TITLE | | EHICLE USE | VEHICLE TYPE | CURRENT MILEA | GE ODOMETE | R ACTUAL (0) | NOT ACTUAL (8) | CODE | |
| 558208127038A OK | | | F | | | s | | (List one) IN EXCESS OF M | | / 16,000 LBS (1) MECHANICAL LIMITS (9) | | |
| DLOR CODE (enter appropriate code)* PPER LOWER LOWER LOTH WOTH | | | | | | | | N DESCRIPTION | Т | COMPANY VEHICLE # | | |
|) | | | | | | | | | | √ 823865 | | |
| | quired for Title and Registr | | | | | | | leure ser- | eche ve | EVENDATION D | (4)(0)(0) | |
| J546225 | CLASSCODE/ISSUEYR(1) 8020/199 | | 1) COUNT | Y STICKER # | #(1) CITY S | STICKER #(1)(2) | *PLATE #(TRADE IN)(2) | CLASS CODE/ | ISSUE YR(2) | PERM | | |
| R STICKER #(4) | TEMP OPERATOR PE | | SEATS(5) ZO | ONE(COUNT | Y NAME)(6) | l | SDOT / REGISTRANT #(| 7) | MC | OTOR CARRIER #(8) | -14-14 | |
| | | | | | | | | | | | | |
| N INFORMATION (If lien | present) | | I | | | L | | | | | | |
| | ENHOLDER | | | | | | | | | LIEN DA | ATE | |
| | UNTRUST BA | ANK | | | | | | | | | 1/2014 | |
| 120 E B | BALTIMORE | | | | | STATE ZIP CODE MD 21202 | | | | | | |
| CODE SECOND | LIENHOLDER | | | | | | | | | LIEN DA | TE | |
| | | | | | | | | | | | | |
| REET | | CITY | | | | | STATE ZIP CODE | | | | | |
| | | | | П | | П | пп | | | | | |
| SSEE / REGISTRANT IN ME | FORMATION(OWNER O | OF PLATE) | LEGAL STATU | JS L | NAME COL | DE L.J. A AME | MAO L ILU L | | | 55 (A) 10 (A) | | |
| | Olly. | | | | | STATE ZIP COI | | | | | | |
| DRESS | CITY | | | | | 51 | ZIP CODE | ZIP CODE | | | | |
| HICLE COST / TAX INFO | ORMATION *(required for | | sactions) | | | | | | | 4-2-30-1-00-20- | | |
| E PRICE | TRADE IN AL | LOWANCE | | TAXABLE | AMOUNT | | SALESTAX PAID | | *TAX EXE | MPTION REASON / SALE | S TAX# | |
| ALER NAME | DEALER ADDRESS | | | | | | _! | DEALER# | | | | |
| | | | | | | | | | | | | |
| quired for Duplicate Title | - T.C.A. 55-3-115 (submit | I Illegible or altered Certi | ficate of Title) | ПП | | | | | Г | | | |
| LOST | STOLEN | | MUTILATED | | RTN'D | DUE TO NON DEL | IEVERY | ALTERED | 1 | ILLEGIBLE | | |
| er penalties of perjury, I h s assignees to determine | hereby certify all information the accuracy of the inform | on provided is true and conation provided by me or | | | | | | Motor Vehicle Division | 1 , | | | |
| NATURE OF CERTIFIEF | | | | | SEC. 24 1 A TOMOR STORY ST | IZED SIGNATURE | | | DATE | 11/04/201 | 4 | |
| 4308 @ | HAMILTO | ON | CONUM | 33 | TE OF APPLI | 4/2014 | | FREGISTRAR OF MOTOR VEHICLE L) KNOWLES | | S(COUNTY CLERK) HCM2 | | |
| FICE USE ONLY GISTRATION FEE | EMISSION: | | | (total fees collected Indicated certifies this form as a va | | | | | | | | |
| 79.75 | J. Z. | LLAGE I'EE | • 0 | IIIAII | | 322 | 12.00 | 5.50 |). | 00 | | |
| MPUTATION OF | SALES OR USE TA | X SA TAX | LOCAL TAX | ADDI | TIONAL TAX | COLLE | CTED IN STATE OF | COUNTY WHEEL TA | X CIT | Y STICKER FEE | | |
| SALES TAX USE | ORGAN DONOR | POSTAGE | | VER | | ID / RESIDENCY | VERIFICATION | | •10 | TAL FEES COLLECTED | | |
| | | | | | | | AND THE PROPERTY OF THE PARTY O | | 0 | 7 25 | | |