



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

W275021

|                                                                                                                                                                                                                                                                                                                      |  |                                                                                                   |  |                                                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NEW OR CURRENT TITLE NUMBER<br>84606124                                                                                                                                                                                                                                                                              |  | TRANSACTION CODE<br>N1                                                                            |  | REGISTRATION ONLY NUMBER                                                                                                                                          |  |
| OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) <input type="checkbox"/> MAO <input type="checkbox"/> ILU <input type="checkbox"/>                                                 |  |                                                                                                   |  |                                                                                                                                                                   |  |
| LAST NAME<br>WELLS FARGO EQUIP FIN INC                                                                                                                                                                                                                                                                               |  | FIRST NAME                                                                                        |  | MIDDLE INITIAL                                                                                                                                                    |  |
| ADDRESS 1 (MAILING)<br>2824 S RUTHERFORD BLVD                                                                                                                                                                                                                                                                        |  | ADDRESS 2 (PHYSICAL)                                                                              |  | CITY STATE ZIP CODE                                                                                                                                               |  |
| CITY<br>MURFREESBORO                                                                                                                                                                                                                                                                                                 |  | STATE<br>TN                                                                                       |  | ZIP CODE<br>37130                                                                                                                                                 |  |
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCOME LOCATION<br>RUTHERFORD                                                                                                                                                                                                                                                     |  | PURCHASE DATE<br>75 2/13/2012                                                                     |  | *LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/><br>SEE REVERSE SIDE FOR INSTRUCTIONS                                                   |  |
| TELEPHONE #<br>3395218                                                                                                                                                                                                                                                                                               |  | *PLACARD / HEARING IMPAIRED CLS/YR                                                                |  | *INSURANCE POLICY #                                                                                                                                               |  |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                  |  |                                                                                                   |  |                                                                                                                                                                   |  |
| VIN<br>1GRAP0624CT571900                                                                                                                                                                                                                                                                                             |  | MAKE<br>GDAN                                                                                      |  | MODEL<br>1GR                                                                                                                                                      |  |
| YEAR<br>2012                                                                                                                                                                                                                                                                                                         |  | BODY<br>EN                                                                                        |  | TITLE BRAND - list the appropriate code<br>(N) NEW (1) RECONSTRUCTED VEHICLE<br>(U) USED (2) FLOOD DAMAGE<br>(D) DEMO (3) SPECIALLY CONSTRUCTED<br>(S) PARTS ONLY |  |
| CODE<br>N                                                                                                                                                                                                                                                                                                            |  | TYPE OF FUEL - list the appropriate code<br>GAS (1) ELECTRIC/HYBRID (3)<br>DIESEL (2) PROPANE (4) |  | CODE<br>9                                                                                                                                                         |  |
| SURRENDERED TITLE #<br>MSO                                                                                                                                                                                                                                                                                           |  | STATE<br>TN                                                                                       |  | PREVIOUS STATES TITLED                                                                                                                                            |  |
| VEHICLE USE<br>F                                                                                                                                                                                                                                                                                                     |  | VEHICLE TYPE<br>S                                                                                 |  | CURRENT MILEAGE                                                                                                                                                   |  |
| ODOMETER INDICATOR (List one)<br>(1) OVER 15 YRS / 15,000 LBS (1)<br>IN EXCESS OF MECHANICAL LIMITS (S)                                                                                                                                                                                                              |  | CODE<br>1                                                                                         |  |                                                                                                                                                                   |  |
| COLOR CODE (enter appropriate code)<br>UPPER 9 LOWER 9                                                                                                                                                                                                                                                               |  | MOBILE HOME LGTH                                                                                  |  | WIDTH                                                                                                                                                             |  |
| # AXLES                                                                                                                                                                                                                                                                                                              |  | GROSS VEHICLE WEIGHT                                                                              |  | *VEHICLE TRADE-IN DESCRIPTION                                                                                                                                     |  |
| COMPANY VEHICLE #<br>W275021                                                                                                                                                                                                                                                                                         |  |                                                                                                   |  |                                                                                                                                                                   |  |
| PLATE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS                                                                                                                                                                              |  |                                                                                                   |  |                                                                                                                                                                   |  |
| PLATE # (1)<br>U348007                                                                                                                                                                                                                                                                                               |  | CLASS CODE/ISSUE YR (1)(3)<br>8020/1994                                                           |  | VALIDATION # (1)                                                                                                                                                  |  |
| COUNTY STICKER # (1)                                                                                                                                                                                                                                                                                                 |  | CITY STICKER # (1) (2)                                                                            |  | *PLATE # (TRADE IN) (2)                                                                                                                                           |  |
| CLASS CODE/ISSUE YR (2)                                                                                                                                                                                                                                                                                              |  | EXPIRATION DATE (1) (2) (3)<br>PERM                                                               |  |                                                                                                                                                                   |  |
| TDR STICKER # (4)                                                                                                                                                                                                                                                                                                    |  | TEMP OPERATOR PERMIT # (3)                                                                        |  | # OF SEATS (5)                                                                                                                                                    |  |
| ZONE (COUNTY NAME) (6)                                                                                                                                                                                                                                                                                               |  | USDOT / REGISTRANT # (7)                                                                          |  | MOTOR CARRIER # (8)                                                                                                                                               |  |
| LIEN INFORMATION (if lien present)                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                                                                                                                                                                   |  |
| FIRST LIENHOLDER                                                                                                                                                                                                                                                                                                     |  |                                                                                                   |  | LIEN DATE                                                                                                                                                         |  |
| STREET                                                                                                                                                                                                                                                                                                               |  |                                                                                                   |  | CITY STATE ZIP CODE                                                                                                                                               |  |
| SECOND LIENHOLDER                                                                                                                                                                                                                                                                                                    |  |                                                                                                   |  | LIEN DATE                                                                                                                                                         |  |
| STREET                                                                                                                                                                                                                                                                                                               |  |                                                                                                   |  | CITY STATE ZIP CODE                                                                                                                                               |  |
| *LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE) LEGAL STATUS <input type="checkbox"/> NAME CODE <input type="checkbox"/> MAO <input type="checkbox"/> ILU <input type="checkbox"/>                                                                                                                                 |  |                                                                                                   |  |                                                                                                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                 |  |                                                                                                   |  | NAME                                                                                                                                                              |  |
| ADDRESS                                                                                                                                                                                                                                                                                                              |  |                                                                                                   |  | CITY STATE ZIP CODE                                                                                                                                               |  |
| VEHICLE COST / TAX INFORMATION * (required for Title & Registration Transactions)                                                                                                                                                                                                                                    |  |                                                                                                   |  |                                                                                                                                                                   |  |
| SALE PRICE                                                                                                                                                                                                                                                                                                           |  | TRADE IN ALLOWANCE                                                                                |  | TAXABLE AMOUNT                                                                                                                                                    |  |
| SALES TAX PAID                                                                                                                                                                                                                                                                                                       |  | *TAX EXEMPTION REASON / SALES TAX #<br>100551600                                                  |  |                                                                                                                                                                   |  |
| DEALER NAME<br>GREAT DANE                                                                                                                                                                                                                                                                                            |  | DEALER ADDRESS                                                                                    |  | DEALER #<br>9999                                                                                                                                                  |  |
| * Required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title)                                                                                                                                                                                                                  |  |                                                                                                   |  |                                                                                                                                                                   |  |
| <input type="checkbox"/> LOST                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> STOLEN                                                                   |  | <input type="checkbox"/> MUTILATED                                                                                                                                |  |
| <input type="checkbox"/> RTN'D DUE TO NON DELIVERY                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> ALTERED                                                                  |  | <input type="checkbox"/> ILLEGIBLE                                                                                                                                |  |
| Under penalties of perjury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Taxpayer and Vehicle Services Division or its assignees to determine the accuracy of the information provided by me or on my behalf. |  |                                                                                                   |  |                                                                                                                                                                   |  |
| SIGNATURE OF CERTIFIER/TOWNER                                                                                                                                                                                                                                                                                        |  | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)                                            |  | DATE                                                                                                                                                              |  |
| INVOICE NUMBER<br>33 20120222                                                                                                                                                                                                                                                                                        |  | COUNTY NAME<br>DAVIDSON                                                                           |  | CO NUMBER<br>19                                                                                                                                                   |  |
| DATE OF APPLICATION<br>2/22/2012                                                                                                                                                                                                                                                                                     |  | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)<br>JOHN ARRIOLA                        |  | # 33 YEATER                                                                                                                                                       |  |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                      |  |                                                                                                   |  |                                                                                                                                                                   |  |
| REGISTRATION FEE                                                                                                                                                                                                                                                                                                     |  | CREDIT                                                                                            |  | LEASE FEE                                                                                                                                                         |  |
| TRANSACTION FEE                                                                                                                                                                                                                                                                                                      |  | ISSUANCE FEE                                                                                      |  | TITLE FEE                                                                                                                                                         |  |
| TOTAL TAX COLLECTED                                                                                                                                                                                                                                                                                                  |  |                                                                                                   |  |                                                                                                                                                                   |  |
| COMPUTATION OF 79.75                                                                                                                                                                                                                                                                                                 |  | SALES OR USE TAX                                                                                  |  | LOCAL RATE                                                                                                                                                        |  |
| ADDITIONAL TAX                                                                                                                                                                                                                                                                                                       |  | COLLECTED BY                                                                                      |  | COUNTY WHEEL TAX                                                                                                                                                  |  |
| CITY WHEEL TAX                                                                                                                                                                                                                                                                                                       |  |                                                                                                   |  |                                                                                                                                                                   |  |
| *SERVICE OPT FEE                                                                                                                                                                                                                                                                                                     |  | ORGAN DONOR                                                                                       |  | POSTAGE                                                                                                                                                           |  |
| VLR                                                                                                                                                                                                                                                                                                                  |  | ID / RESIDENCY VERIFICATION                                                                       |  | EXEMPT                                                                                                                                                            |  |
| TOTAL FEES COLLECTED                                                                                                                                                                                                                                                                                                 |  |                                                                                                   |  |                                                                                                                                                                   |  |