



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

OFFICIAL VEHICLE REGISTRATION

W421214

NEW OR CURRENT TITLE NUMBER		TRANSACTION CODE 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 WELLS FARGO EQUIPMENT INC		FIRST NAME	MIDDLE INITIAL	LAST NAME FIRST NAME MIDDLE INITIAL	
ADDRESS 1 (MAILING) 3100 WEST END AVE		ADDRESS 2 (PHYSICAL)		CITY	STATE ZIP CODE
CITY NASHVILLE		STATE TN	ZIP CODE 37203	ADDITIONAL OWNER	
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION DAVIDSON	PURCHASE DATE 19 4/ 9/2012	*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 6155336120	*PLACARD / HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #

VEHICLE INFORMATION									
VIN 1GRDM9627DH716247	MAKE GDAN	MODEL 1GR	YEAR 2013	BODY SE	TITLE BRAND - list the appropriate code (N) NEW (1) RECONSTRUCTED VEHICLE (U) USED (2) FLOOD DAMAGE (D) DEMO (3) SPECIALLY CONSTRUCTED (8) PARTS ONLY	CODE N	TYPE OF FUEL - list the appropriate code GAS (1) ELECTRIC/HYBRID (3) DIESEL (2) PROPANE (4)	CODE 9	
SURRENDERED TITLE # MSO	STATE TN	PREVIOUS STATES TITLED	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE	ODOMETER INDICATOR (List one)	ACTUAL (8) NOT ACTUAL (8) OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (8)	CODE 1	
COLOR CODE (enter appropriate code) UPPER LOWER O O	MOBILE HOME LGTH	WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE #		

PLATE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS									
PLATE # (1) U369777	CLASS CODE/ISSUE YR (1)(3) 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) 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 # 410982880			
DEALER NAME GREAT DANE LIMITED PARTNERSHIP				DEALER ADDRESS		DEALER # 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 / OWNER _____ POWER OF ATTORNEY / AUTHORIZED SIGNATURE (IF APPLICABLE) _____ DATE
4/11/2012 15:32

INVOICE NUMBER 41 20120411	COUNTY NAME DAVIDSON	CO NUMBER 19	DATE OF APPLICATION 4/11/2012	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) JOHN ARRIOLA # 41 JACOB	
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OFFICE USE ONLY (total fees collected indicated certifies this form as a valid registration)									
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 W/00E OF	COUNTY W/00E OF	CITY WHEEL TAX			
<input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	ORGAN DONOR		POSTAGE	VER	ID / RESIDENCY VERIFICATION	EXEMPT		*TOTAL FEES COLLECTED	

(3) Received: 04/11/2012 97.25 CK 5863