



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

OFFICIAL VEHICLE REGISTRATION

W/421217

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 FIRST NAME MIDDLE INITIAL WELLS FARGO EQUIPMENT INC		LAST NAME FIRST NAME MIDDLE INITIAL		
ADDRESS 1 (MAILING) 3100 WEST END AVE		ADDRESS 2 (PHYSICAL)		CITY STATE ZIP CODE
CITY STATE ZIP CODE NASHVILLE TN 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 1GRDM9627DH716250	MAKE GDAN	MODEL 1GR	YEAR 2013	BODY SE	TITLE BRAND - list the appropriate code (N) NEW (1) RECONSTRUCTED VEHICLE (D) USED (2) FLOOD DAMAGE (O) DEMO (3) SPECIALLY CONSTRUCTED (P) 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 (0) NOT ACTUAL (1) OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (0)	CODE 1	
COLOR CODE (enter appropriate code)* UPPER LOWER O O	MOBILE HOME LGTH	WDTH	# 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) U369780	CLASSCODE/ISSUEYR(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	CITY		STATE ZIP CODE
STREET		LIEN DATE	
SECOND LIENHOLDER	CITY		STATE ZIP CODE
STREET		LIEN DATE	

*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
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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 15:34
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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 79.75	CREDIT	LEASE FEE	TRANSACTION FEE	ISSUANCE FEE	TITLE FEE	TOTAL TAX COLLECTED
COMPUTATION OF	SALES OR USE TAX	LOCAL RATE	ADDITIONAL TAX	COLLECTED IN PLACE OF	COUNTY AND TAX	CITY WHEEL TAX
<input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX					EXEMPT	
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID/RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED 97.25 CK 5863	

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