

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

OFFICIAL VEHICLE REGISTRATION



City Stickers:				TRANSACTION	PECI	STRATION ONLY NUMBE				TATE
93606569				TRANSACTION CODE*	REGISTRATION ONLY NUMBER		K			
OWNER INFORMATION *LEG	IAL STATUS: 1 (AND) 2	(OR) ENTER NAM	E CODE IN BOX 1 (S	AME) 2(DIFFERE	ENT) 3/MULTIPLE LA	ST NAMES) 4(COMPAN)) 5(OVER 28 CHARACTER	RS) 4	MAO N ILU	N
BSE TRAILER		I INOT INAME	MIDDLE INI	TIAL	LAST NAME	, ,	FIRST NAME		MIDDLE INITIA	L
ADDRESS 1 (MAILING)	NODINBLY	Б			ADDRESS 2 (PHY	SICAL)		()		
10233 GOVER	NOR LN BLV	STATE	ZIP CC	DDE	CITY		STA	TE	ZIP CODE	
		MD			TELEPHONE# PLAC		CARD/HEARING IMPAIRE	DOLCAD L	NSURANCE POLICY	
HAMILTON 03		06/03/2014	•LEASED 0 •S	SERVICE OPTION FOR INSTRUCTIONS	ve 🗍	772 5501	CARD/HEARING IMPAIRE	D CLS/TR	NSURANCE POLICE	*
EHICLE INFORMATION		MAKE M	ODEL YEAR	BODY	TITLE BRAND - 1	ranslation	CODE T	YPE OF FUEL -	translation	CODE
3H3V532CXFT	154648		3H3 201		NEW		N			9
SURRENDERED TITLE #		STATE PREVIOU	S STATES TITLED	VEHICLE (USE VEHICLE TY	PE CURRENT MILE			16,000 LBS (1) MECHANICAL LIMITS (9)	
MSO OLOR CODE (enter appropriate	code)* MOBILE HO	TN	#AXLES (F GROSS VEHICLE	S	*VEHICLE TRADE	-IN DESCRIPTION	cor	MPANY VEHICLE#	1
O LOWER	LGIH	WDTH							15	4648
PLATE INFORMATION *(required) CL U496147	ired for Title and Registra ASSCODE/ISSUEYR(1)((3) VALIDATION #(1			FOR COMPLETE IN ITY STICKER #(1)(2)		CLASS CODE/ISS	SUE YR(2)	EXPIRATION DATE	2000.0000
TDR STICKER #(4)	TEMP OPERATOR PER		SEATS(5) ZONE	(COUNTY NAME)(6)	USDOT / REGISTRANT	# (7)	MOTOR	CARRIER #(8)	ZIALIV
IEN INFORMATION (If lien pr	(tnezer)		
IEN CODE FIRST LIEN									LIEN DA	
STREET	JNTRUST BA	NK	CITY				06/03/2014 STATE ZIP CODE			
120 E BALTIMORE ST 25 FL			BALTIMORE				MD 21202			TC
JEN CODE SECOND L	IENHOLDER								LIENDA	
TREET	-2				CITY		STATE		ZIP CODE	
LESSEE / REGISTRANT INFO	DRMATION(OWNER OF	PLATE)	LEGAL STATUS	NAME	CODE	MAO ILU				
NAME					NAME					
DDRESS				C	ITY		STAT	E	ZIP CODE	
VEHICLE COST / TAX INFOR	MATION *(required for Ti TRADE IN ALL			XABLE AMOUN	т	SALESTAX PAID		*TAX EXEMPTION	ON REASON / SALES	S TAX#
DEALER NAME			DEALER ADDRE	SS				DE	ALER#	
Required for Duplicate Title -	T.C.A. 55-3-115 (submit)	llegible or altered Certif	cate of Title)	Ι				1-		
LOST	STOLEN		MUTILATED		TN'D DUE TO NON D	1.000	ALTERED		ILLEGIBLE	
nder penalties of perjury, I her r its assignees to determine th SIGNATURE OF CERTIFIER/O		n provided is true and co ation provided by me or			acknowledge that it is HORIZED SIGNATU		ne Motor Vehicle Division	DATE		
			or more allowed W						06/09/2014	1
14160 @	HAMILTO	N	CO NUMBER		PPLICATION 5/09/2014		F REGISTRAR OF MOTO L) KNOWLES			ICM2
OFFICE USE ONLY REGISTRATION FEE	EMISSION: T	APT 17/1		TRANS FEE	CLERK FEE		ted Indicated certifies this	s form as a valid		
79.75						12.00	5.50	.00		
COMPUTATION OF SALES TAX USE TA	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL T	TAX COI	LECTED IN STATE OF	COUNTY WHEEL TAX	CITY STIC	CKER FEE	
SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VE	2	ID / RESIDENC	CY VERIFICATION		*TOTAL F	EES COLLECTED	
F-1357 Port: wk	t8/DR27/8020	Cash: 0.00	Check:	0.00 0	heck#:	Credit: 0.00	Auth#:	Change:		692