



STATE

NEW OR CURRENT TITLE NUMBER	TRANSACTION CODE	REGISTRATION ONLY NUMBER	STATE
96813723	N01		

OWNER INFORMATION *LEGAL STATUS: 1 (AID) 2 (OR) ☐ ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) ☐ 5										MAO ☐ N ☐ ILU ☐ N ☐							
LAST NAME			FIRST NAME			MIDDLE INITIAL			LAST NAME			FIRST NAME			MIDDLE INITIAL		
WELLS FARGO EQUIPMENT FIN INC																	
ADDRESS 1 (MAILING)									ADDRESS 2 (PHYSICAL)								
3668 S GEYER RD 350									733 MARQUETTE AVE 700								
CITY			STATE			ZIP CODE			CITY			STATE			ZIP CODE		
ST LOUIS			MO			63127			MINNEAPOLIS			MN			55402		
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION			PURCHASE DATE			*LEASED ☐ *SERVICE OPTIONS ☐			TELEPHONE #			*PLACARD/HEARING IMPAIRED CLS/YR			*INSURANCE POLICY #		
DAVIDSON 019			01/05/2016			SEE REVERSE SIDE FOR INSTRUCTIONS			3144223862								

VEHICLE INFORMATION												
VIN		MAKE	MODEL	YEAR	BODY	TITLE BRAND - translation		CODE	TYPE OF FUEL - translation		CODE	
1GRAP0629HT615722		GDAN	VAN	2017	SE	NEW		N			9	
SURRENDERED TITLE #		STATE	PREVIOUS STATES TITLED		VEHICLE USE	VEHICLE TYPE	CURRENT MILEAGE	ODOMETER ACTUAL (S) NOT ACTUAL (S) INDICATOR OVER 10 YRS / 15,000 LBS (1) (1st or 2nd) IN EXCESS OF MECHANICAL LIMITS (S)			CODE	
MSO		TN			F	S					1	
COLOR CODE (enter appropriate code) UPPER LOWER		MOBILE HOME LOTH WIDTH		# AXLES	GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # 284895			
0												

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1)	CLASS CODE/ISSUE YR (1)(3)	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE 11)(2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3)
U651966	8020/1994						PERMANENT
TDR STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)	USDOT / REGISTRATION # (7)	MOTOR CARRIER # (8)		

LIEN INFORMATION (If Lien present)			
LIEN CODE	FIRST LIENHOLDER		LIEN DATE
STREET		CITY	STATE ZIP CODE
LIEN CODE	SECOND LIENHOLDER		LIEN DATE
STREET		CITY	STATE ZIP CODE

*LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE)		LEGAL STATUS	NAME CODE	MAO	ILU
NAME		NAME			
ADDRESS		CITY	STATE		ZIP CODE

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)					TAX EXEMPTION REASON / SALES TAX #			
SALE PRICE		TRADE IN ALLOWANCE		TAXABLE AMOUNT		SALESTAX PAID		
						100551600		
DEALER NAME			DEALER ADDRESS				DEALER #	
WELLS FARGO EQUIPMENT FINANCE			3100 WEST END AVE STE 900 NASHVILLE, TN 37203				2	

*Required for Duplicate Title - T.C.A. 55-3-115 (submit if original or altered Certificate of Title)					
☐ LOST	☐ STOLEN	☐ MUTILATED	☐ RET'D DUE TO NON DELIVERY	☐ ALTERED	☐ ILLEGIBLE

Under penalties of perjury, I hereby certify that information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division or its employees to perform the accuracy of the information provided by me or on my behalf.

Under penalties of perjury, I hereby certify that the information provided is true and correct to the best of my knowledge, and that I am not the subject of any pending or threatened criminal or civil action, or of any assignment to determine the accuracy of the information provided by me or on my behalf.		DATE	1/7/2016 12:04:20 PM
SIGNATURE OF CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)	01/07/2016	

INVOICE NUMBER	COUNTY NAME	CO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)
16007 @	DAVIDSON	19	01/07/2016	BRENDA WYNN DLR - LINEWEAVER

OFFICE USE ONLY		Received 01/06/2016						(total fees collected indicated certifies this form as a valid registration)	
REGISTRATION FEE	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE	LIN FEE	TITLE FEE	TOTAL TAX COLLECTED	
79.75					12.00		5.50	.00	
COMPUTATION OF	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY WHEEL TAX		
☐ SALES TAX ☐ USE TAX									
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION				*TOTAL FEES COLLECTED	
								97.25	