

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

OFFICIAL VEHICLE REGISTRATION



| City Stickers: | | | | | | | | | | | | | 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | STATE | |
|--|-------------------------|--------------------|---------------------------------|----------------------|--------------------------------------|-------------------|---------------------------|----------------------|---------------|--|---------------------------|---|---|-------|--|
| 97744699 | MBER | | 4 | | TE | RANSACTION NO1 | | REGISTR | RATION ONLY | NUMBER | | | | | |
| OWNER INFORMATION *LEGA | L STATUS: 1 (AND) | 2 (0R) E | NTER NAME | CODE IN B | OX 1 (SAM | IE) 2(DIFFERE | NT) 3/MULT | IPI F I AST | NAMES) A/C | OMPANY 5/OV | ER 28 CHARACT | EDC) 4 | MAO N ILU | N | |
| BSE TRAILER L | _EASING L | FIRST NAW | IE | MID | DLE INITIA | L. | LAST NAM | IE | 10 an 20) 4(0 | OMI AIVI) S(OV | FIRST NAME | ERS) | MIDDLE INITIA | | |
| 10233 GOVERNOR LN BLVD | | | | | | | ADDRESS 2 (PHYSICAL) | | | | | | | | |
| WILLIAMSPORT | | MD 2 | | | ZIP CODE 1795 | | CITY | | | | STATE | | ZIP CODE | | |
| HAMILTON 033 | | 04/04 | | *LEASED SEE REVER | LEASED SERVICE OPTIONS | | | *PLACARI | | | HEARING IMPAIR | RED CLS/YI | R *INSURANCE POLICY | ′ # | |
| VEHICLE INFORMATION VIN | | | | | | | | | | | | + | | | |
| | | | MAKE MODEL | | YEAR | BODY | TITLE BRAND - translation | | slation | | CODE | TYPE OF | FUEL - translation | CODE | |
| 1JJV532W92L778011 SURRENDERED TITLE # | | | WABA 1JJ | | 2002 | SE | USED | | | | U | | | 9 | |
| | STATE | | | LED | | | CLE TYPE | CURRE | NT MILEAGE | E ODOMETER ACTU INDICATOR OVER (List one) IN EXC | | UAL (0) NOT ACTUAL (8) CODE R 10 YRS / 16,000 LBS (1) CESS OF MECHANICAL LIMITS (9) | | | |
| 723001312199A COLOR CODE (enter appropriate co | OME | OK E #AXLES (| | | SS VEHICLE | WEIGHT | S | *VEHICLE TRADE-IN DE | | | | COMPANY VEHICLE # | 1 | | |
| O LÓWER | WDTH | | | | 000 72/11022 | VI LIOITI | VEHICLE HV | | TRADE-III DEC | OCKIP HOLY | | | 8103 | | |
| PLATE INFORMATION *(require | ed for Title and Regist | ration and Rec | gistration Only | Transaction | ns) SEE RE | VERSE SIDE | OR COMP | ETE INSTE | RUCTIONS | | | | | 0100 | |
| PLATE #(1) CLAS | SSCODE/ISSUEYR(1 |)(3) VALIE | DATION #(1) | | NTY STICK | | Y STICKER | | PLATE #(TRA | DE IN)(2) | CLASS CODE/I | SSUE YR(2 | | | |
| U687490 8020/199 TDR STICKER #(4) TEMP OPERATOR P | | | | | | | | | | | | | PERMA | ANENT | |
| TOR STICKER #(4) | EMP OPERATOR PE | :KMII #(3) | # OF SE | A15(5) | ZONE(CO | OUNTY NAME) | 6) | US | DOT / REGIS | TRANT #(7) | | , | MOTOR CARRIER #(8) | | |
| LIEN INFORMATION (If lien pre | sent) | | | | | | | | | | | | | | |
| LIEN CODE FIRST LIENF | | | | | | | | | | | | | LIEN DA | | |
| SUNTRUST BANK STREET | | | | | | | CITY | | | | 04/04/2016 STATE ZIP CODE | | | | |
| 120 E BALTIMORE ST 25 FL | | | | | | BALTIMORE | | | | | MD 21202 | | | | |
| LIEN CODE SECOND LIE | NHOLDER | | | | | | | | | | | | LIEN DA | TE | |
| STREET | | | | | | CITY | | | | | STATE ZIP CODE | | | | |
| *LESSEE / REGISTRANT INFO | RMATION(OWNER C | OF PLATE) | | LEGAL STA | ATUS _ | NAME | - | M | AO [] | ILU 🗌 | | | | | |
| NAME | | | | | | | NAME | | | | | | | | |
| ADDRESS | | | | | | CITY | | | | | STATE ZIP CODE | | | | |
| VEHICLE COST / TAX INFORMATION *(required for Title & SALE PRICE TRADE IN ALLOW | | | | | | | | SALESTAX PAID | | PAID | *TAX EXI | | XEMPTION REASON / SALES TAX # | | |
| DEALER NAME DEALER ADDRE | | | | | | ESS | | | | | | DEALER# | | | |
| *Required for Duplicate Title - T. | C.A. 55-3-115 (subm | it Illegible or a | Itered Certific | ate of Title) | | | | | LEND E | | | | | | |
| LOST STOLEN MUTILATED Juder penalties of perjury, I hereby certify all information provided is true and correct to the best of my or its assignees to determine the accuracy of the information provided by me or on my behalf. | | | | | | | | | | | LTERED ILLEGIBLE | | | | |
| Juder penalties of perjury, I here or its assignees to determine the SIGNATURE OF CERTIFIER/O | | mation provided is | s true and con ed by me or o | POW | ER OF AT | TORNEY/AUTI | HORIZED SI | IGNATURE(| (IF APPLICAB | LE) | , venior Division | DA | 04/22/2010 | 6 | |
| NVOICE NUMBER COUNTY NAME CO NUMBE | | | | UMBER | R DATE OF APPLICATION BY AUTHORITY O | | | | | REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) | | | | | |
| 16113 @ | HAMILT | | | | 33 | 04 | /22/20 | 16 | | | CNOWLE: | | s a valid registration) | HCM27 | |
| REGISTRATION FEE | CREDIT | | LEASE FEE | TR | ANS FEE | CLE | RK FEE | 1.5 (ROGA JAVA) | | LIEN FEE | TITLE FEE | T | OTAL TAX COLLECTED | | |
| 79.75 COMPUTATION OF | SALES OR USE T | AX SA | A TAX | LOCAL T | TAX A | ADDITIONAL T | AX | | CTED IN STA | | INTY WHEEL TAX | | ITY STICKER FEE | | |
| SALES TAX USE TA | ORGAN DONOR | | POSTAGE | | VER | | ID/P | ESIDENCY | VERIFICATIO | ON . | | | TOTAL FEES COLLECTED | | |
| OUNVIOL OF FEE | SHONIA DONOR | | OUTAGE | | VEIX | | 10,10 | | | | | | 109 25 | | |