



THE

STATE

OWNER INFORMATION *LEGAL STATUS: 1 (AND) 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 WELLS FARGO EQUIPMENT FIN INC				FIRST NAME		MIDDLE INITIAL		LAST NAME				FIRST NAME		MIDDLE INITIAL	
ADDRESS 1 (MAILING) 3668 S GEYER RD 350						ADDRESS 2 (PHYSICAL) 600 S 4TH ST									
CITY ST LOUIS				STATE MO		ZIP CODE 63127		CITY MINNEAPOLIS				STATE MN		ZIP CODE 55415	
CITY OF RESIDENCE/PRINCIPAL BUS OR INCOME LOCATION DAVIDSON 019				PURCHASE DATE 11/29/2016		*LEASED ☐ 0 *SERVICE OPTIONS ☐ SEE REVERSE SIDE FOR INSTRUCTIONS		TELEPHONE # 3144223862		*PLACARD/HEARING IMPAIRED CLS/YR		*INSURANCE POLICY #			

VEHICLE INFORMATION										
VIN		MAKE	MODEL	YEAR	BODY	TITLE BRAND - translation		CODE	TYPE OF FUEL - translation	CODE
1GRAP0621HT616332		GDAN	VAN	2017	SE	NEW		N	Other	9
SURRENDERED TITLE #		STATE	PREVIOUS STATES TITLED		VEHICLE USE	VEHICLE TYPE	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 100,000 LBS (1) (List code) BY EXCESS OF MECHANICAL LIMITS (9)		CODE
MSO		TN			F	S				1
COLOR CODE (enter appropriate code) UPPER 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)	CLASS CODE/ISSUE YR (1)(3)	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3)
U745069	8020/1994						PERMANENT
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)			
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)				
SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX PAID	*TAX EXEMPTION REASON / SALES TAX # 100551600
DEALER NAME WELLS FARGO EQUIPMENT FINANCE		DEALER ADDRESS 3100 WEST END AVE STE 900 NASHVILLE, TN 37203		DEALER # 2

*Required for DupScale Title - T.C.A. 55-3-115 (submit Regible or a Titled Certificate of Title)					
☐ LOST	☐ STOLEN	☐ MUTILATED	☐ RTND 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 assignees to determine the accuracy of the information provided by me or on my behalf.

or its assignees to determine the accuracy of the information provided by me or on my behalf.		DATE	12/2/2016 11:29:54 AM
SIGNATURE OF CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)		12/02/2016

INVOICE NUMBER		COUNTY NAME		CO NUMBER	DATE OF APPLICATION		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)		
16337 @		DAVIDSON		19	12/02/2016		BRENDA WYNN		LINEWEAVER - 1
Received 12/01/2016 (total fees collected indicated certifies this form as a valid registration)									
OFFICE USE ONLY		CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE	LIEN FEE	TITLE FEE	TOTAL TAX COLLECTED
REGISTRATION FEE 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