



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

OFFICIAL VEHICLE REGISTRATION



City Stickers:

STATE

| | | |
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| NEW OR CURRENT TITLE NUMBER 91334420 | TRANSACTION CODE 004 | REGISTRATION ONLY NUMBER 3301320 |
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| 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) 5 | | | MAO <input checked="" type="checkbox"/> N | ILU <input checked="" type="checkbox"/> N | |
| LAST NAME WELLS FARGO EQUIPMENT FINANCE INC | FIRST NAME | MIDDLE INITIAL | LAST NAME | FIRST NAME | MIDDLE INITIAL |
| ADDRESS 1 (MAILING) 600 S 4TH ST | | | ADDRESS 2 (PHYSICAL) | | |
| CITY MINNEAPOLIS | STATE MN | ZIP CODE 55415-1526 | CITY | STATE | ZIP CODE |
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCOMP LOCATION HAMILTON 033 | PURCHASE DATE 01/29/2013 | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small> | TELEPHONE # 800 670 0408 | *PLACARD/HEARING IMPAIRED CLS/YR | *INSURANCE POLICY # |

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| VEHICLE INFORMATION | | | | | | | | | | | |
| VIN 1GRAP0621DJ639499 | MAKE GRDN | MODEL CCC | YEAR 2013 | BODY SE | TITLE BRAND - translation | CODE N | TYPE OF FUEL - translation Other | CODE 9 | | | |
| SURRENDERED TITLE # MSO | STATE TN | PREVIOUS STATES TITLED | VEHICLE USE F | VEHICLE TYPE S | CURRENT MILEAGE | ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9) | CODE 1 | | | | |
| COLOR CODE (enter appropriate code)* UPPER O | MOBILE HOME LGTH | WIDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | COMPANY VEHICLE # 277171 | | | | | |

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| PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS | | | | | | | |
| PLATE #(1) 130374T | CLASSCODE/ISSUEYR(1)(3) 8020/1994 | VALIDATION #(1) | COUNTY STICKER #(1) | CITY STICKER #(1)(2) | *PLATE #(TRADE IN)(2) U942272 | CLASS CODE/ISSUE YR(2) 8020 1994 | EXPIRATION DATE (1)(2)(3) PERMANENT |
| TDR STICKER #(4) | TEMP OPERATOR PERMIT #(3) | # OF SEATS(5) | ZONE(COUNTY NAME)(6) | USDOT / REGISTRANT #(7) | MOTOR CARRIER #(8) | | |

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|------------------------------------|------------------------------|-----------------|--|----------------------|--|---------------------|
| 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 |

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|--|--|---------------------------------------|------------------------------------|------------------------------|------------------------------|---------------------|
| *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 | SALESTAX PAID | *TAX EXEMPTION REASON / SALES TAX # |
| DEALER NAME | | DEALER ADDRESS | | DEALER # |

| | | | | | |
|--|---------------------------------|------------------------------------|--|----------------------------------|------------------------------------|
| *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 Motor Vehicle 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 07/29/2020 |

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|---|---------------------------------|------------------------|--|---|----------------------------------|---------------------------------------|-----------------------------------|--------------------|
| INVOICE NUMBER 20211 @ | COUNTY NAME HAMILTON | CO NUMBER 33 | DATE OF APPLICATION 07/29/2020 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W.F. (BILL) KNOWLES | HCM27 | | | |
| OFFICE USE ONLY EMISSION: NOT APPLICABLE (total fees collected indicated certifies this form as a valid registration) | | | | | | | | |
| REGISTRATION FEE | ELECTRIC VEHICLE FEE | CREDIT | LEASE FEE 10.00 | CLERK FEE 2.50 | LIEN FEE | TITLE FEE | TOTAL TAX COLLECTED .00 | |
| COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX | SALES OR USE TAX | SA TAX | LOCAL TAX | ADDITIONAL TAX | COLLECTED IN STATE OF | COUNTY WHEEL TAX | CITY STICKER FEE | INS FEE |
| *SERVICE OPT FEE | ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | VIN PLATE FEE .00 | *TOTAL FEES COLLECTED 12.50 | | |