

.00

Credit: 0.00 Auth#:

GV: 0.00 Change: 0.00

131.75

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

## OFFICIAL VEHICLE REGISTRATION

						De	- 	,,,			III II				
City Stic		DED			Тър		260		RATION ONLY NUM	IRER				STATE	
13301221224					16	RANSACTION ODE*		REGIOTA	ATTON ONET NOW	IDEN					
OWNER INFORM	MATION *LEGA	STATUS: 1 (AND) 2	(OR) ENTER	NAME CODE IN	BOX 1 (SAM	E) 2(DIFFERE	NT) 3(MULTI	PLE LAST	NAMES) 4(COMPA	NY) 5(OVER	28 CHARACTE	RS) 5	MAO	ILU <b>N</b>	
LAST NAME  PREMIE	FR TRAII	FRIFASI	TIKSTNAME	M	IDDLE INITIAL	L	LAST NAME				FIRST NAME		MIDDLE	E INITIAL	
PREMIER TRAILER LEASING I LLC  ADDRESS 1 (MAILING)								2 (PHYSIC	AL)						
PO BOX	X 1014														
					ZIP CODE		CITY					ATE	ZIP COD	Œ	
GRAPE INTY OF RESIDENCE F		ICORP LOCATION F	TX 7609 PURCHASE DATE					LEPHONE	# *P	LACARD/HE	ARING IMPAIR	ED CLS/Y	R INSURANCE	POLICY#	
HAMILTON 033			12/03/20	24 LEASE SEE RE	D 0 SER	VICE OPTION INSTRUCTIONS									
VEHICLE INFOR	RMATION		MAKE	MODEL	YEAR	BODY	ADS Level	TITLE BI	RAND - Iranslation			CODE	TYPE OF FUEL - tra	anslation CODE	
	1GR1P0624TJ806081				2026	SE						N	Other	9	
	SURRENDERED TITLE #			VIOUS STATES	TITLED	VEHICLE U	SE VEHIC	CLE TYPE	CURRENT M	ILEAGE	ODOMETER	ACTUAL (C	D) NOT ACTUAL (8)	CODE	
MSO			1L			F		S		(List one)		OVER 10 YRS / 16,000 LBS (1) N EXCESS OF MECHANICAL LIMIT:		S (9) <b>1</b>	
COLOR CODE (el UPPER	enter appropriate co LOWER	de)* MOBILE H	OME WDTH	# AXLES	GRO	OSS VEHICLE	WEIGHT		*VEHICLÉ TRA	DE-IN DESC	RIPTION		COMPANY VEHI	CLE#	
		d for Title and Registr									CLASS CODE/IS	SOUE VEV	O LEVEIDATION	N DATE (1)(2)(3)	
PLATE #(1) CLASSCODE/ISSUEYR(1)(3) VALIDATION #(1) COUNTY ST 631866T 8020/1994						.ER #(1)   CI	ry sticker	#(1)(2)	"PLATE #(TRADE II	N)(2)	LASS CODERS	SOE TRO		RMANENT	
TDR STICKER #		MP OPERATOR PE		# OF SEATS(5)	ZONE(CO	DUNTY NAME)	(6)	US	SDOT / REGISTRAN	NT #(7)		T	MOTOR CARRIER #(	8)	
LIEN INFORMAT			1.51m -1141 -											LIEN DATE	
LIENCODE	FIRST DENNOLDER										12/03/2024				
STREET			111001 11	71710710			CITY	N 1 N 1 T A	DOLIC.		STAT		ZIP COI		
50 S 6	SECOND LIE					_	IVII	NNEA	APOLIS			MN	55402	LIEN DATE	
STREET							CITY				STAT	E	ZIP COI	DE	
- 18181		Description		VIII SEELIN			П								
NAME	ISTRANT INFOR	RMATION(OWNER C	OF PLATE)	LEGAL	STATUS L	NAME	NAME	N	MAO L. ILU	ш					
ADDRESS		_				CI	TY				STA	TE	ŽII	P CODE	
VEHICLE COST / TAX INFORMATION *(required for SALE PRICE TRADE IN ALLOWAN							AMOUNT SALESTAX PAID					*TAX EXEMPTION REASON / SALES TAX #			
DEALER NAME DEALER A				ER ADDRESS	ESS DEALER#										
*Required for Du	uplicate Title - T.	C.A. 55-3-115 (subm)	it illegible or alteres	Certificate of Titl	e)	18 201	W Co								
LOST		STOLEN		MUTILATE	1		N'D DUE TO			ALTER			ILLEGIE	BLE	
Under penalties of or its assignees to SIGNATURE OF		by certify all information	on provided is true nation provided by	and correct to the	best of my kn	nowledge, and	acknowledge	that it is n	ot the responsibility (IF APPLICABLE)	of the Motor	Vehicle Division	I D	ATE ISSUED 1/13/20	025 9:31:04 AM	
SIGNATORE OF	CERTIFIERO	AIACIX			OWEN OF AL	TOTALLIMOT	.,		.(				01/13/	2025	
INVOICE NUMBE	1	COUNTY NAME		co	NUMBER		PPLICATION						CLES(COUNTY CLES		
25013 OFFICE USE ON	VLY	HAMILTO			33		/13/202		(total fees co	ollected Indic	IOWLES	his form a	s a valid registration	HCM27	
REGISTRATION 100.25	FEE ELE	CTRIC VEHICLE FE	E   CREDIT	LEASE FEE	TRA	NS FEE	3.00	E	12.00	11.00		E TO	.00	EU	
COMPUTATION	OF X USE TAX	SALES OR USE TA	X SA TAX	LOCA	L TAX	ADDITIONAL T	AX	COLLE	ECTED IN STATE C	COUN	TY WHEEL TAX	CITY	STICKER FEE INS F	EE	
SERVICE OPT		ORGAN DONOR	POST	AGE	VER		ID/RE	SIDENCY	VERIFICATION	VINP	LATE FEE	1.	TOTAL FEES COLLE	CTED	

SF-1357 Port: WK48/DR27/8020 Cash: 0.00 Check: 0.00 Check#: