[redacted]

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

OFFICIAL VEHICLE REGISTRATION

STATE

289472

City Stickers:

NEW OR CURRENT TITLE NUMBER	TRANSACTION CODE*	REGISTRATION ONLY NUMBER
89607665	N01	

LAST NAME / FIRST NAME / MIDDLE INITIAL	LAST NAME / FIRST NAME / MIDDLE INITIAL
WELLS FARGO EQUIPMENT FINANCE INC	
ADDRESS 1 (MAILING): 600 S 4TH ST	ADDRESS 2 (PHYSICAL):
CITY: MINNEAPOLIS / STATE: MN / ZIP CODE: 55415	CITY / STATE / ZIP CODE

CNTY OF RESIDENCE/PRINCIPAL BUS OR SCORP LOCATION	PURCHASE DATE	*LEASED [redacted] *SERVICE OPTIONS [redacted] (SEE REVERSE SIDE FOR INSTRUCTIONS)	TELEPHONE #	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
HAMILTON 033	03/24/2017		314 909 1225		

VIN	MAKE	MODEL	YEAR	BODY	TITLE BRAND - translation	CODE	TYPE OF FUEL - translation	CODE
1GRAP0623JT106134	GDAN	1GR	2018	SE	NEW	N	Other	9

SURRENDERED TITLE #	STATE	PREVIOUS STATES TITLED	VEHICLE USE	VEHICLE TYPE	CURRENT MILEAGE	ODOMETER INDICATOR (List one): ACTUAL (0) NOT ACTUAL (8) OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9)	CODE
MSO	IL		F	S			1

COLOR CODE (enter appropriate code)* UPPER / LOWER	MOBILE HOME LGTH / WDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE #
O					289472

PLATE #(1)	CLASSCODE/ISSUEYR(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)
U769072	8020/1994						PERMANENT

TDR STICKER #(4)	TEMP OPERATOR PERMIT #(3)	# OF SEATS(5)	ZONE(COUNTY NAME)(6)	USDOT / REGISTRANT #(7)	MOTOR CARRIER #(8)

LIEN CODE	FIRST LIENHOLDER	LIEN DATE

STREET	CITY	STATE	ZIP CODE

LIEN CODE	SECOND LIENHOLDER	LIEN DATE

STREET	CITY	STATE	ZIP CODE

NAME	NAME

ADDRESS	CITY	STATE	ZIP CODE

SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX PAID	*TAX EXEMPTION REASON / SALES TAX #

DEALER NAME	DEALER ADDRESS	DEALER #

☐ LOST ☐ STOLEN ☐ MUTILATED ☐ RTN'D DUE TO NON DELIEVERY ☐ ALTERED ☐ ILLEGIBLE

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
		03/27/2017

INVOICE NUMBER	COUNTY NAME	CO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)
17086 @	HAMILTON	33	03/27/2017	W.F. (BILL) KNOWLES HCM27

OFFICE USE ONLY — EMISSION: Trailer

(total fees collected indicated certifies this form as a valid registration)

REGISTRATION FEE	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE	LIEN FEE	TITLE FEE	TOTAL TAX COLLECTED
79.75					12.00		5.50	.00

COMPUTATION OF ☐ SALES TAX ☐ USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY STICKER FEE

*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED
					97.25