

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

## OFFICIAL VEHICLE REGISTRATION

CITY STICKER FEE INS FEE

131.75

0.00

TOTAL FEES COLLECTED

RDA-692

City Stickers: NEW OR CURRENT TITLE NUMBER 13300961924 N01 ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTERS) 5 OWNER INFORMATION 'LEGAL STATUS: 1 (AND) 2 (0R) MIDDLE INITIAL LAST NAME FIRST NAME MIDDLE INITIAL LAST NAME FIRST NAME PREMIER TRAILER LEASING I LLC ADDRESS 1 (MAILING) ADDRESS 2 (PHYSICAL) PO BOX 1014 CITY STATE ZIP CODE STATE ZIP CODE 76099-1014 GRAPEVINE TX TELEPHONE # PLACARD/HEARING IMPAIRED CLS/YR "INSURANCE POLICY # PURCHASE DATE LEASED 0 SERVICE OPTIONS 11/29/2022 817 421 2066 **HAMILTON 033** SEE REVERSE SIDE FOR INSTRUCTIONS VEHICLE INFORMATION CODE BODY TITLE BRAND - translation CODE TYPE OF FUEL - translation MAKE MODEL YEAR ADS Level 9 3H3V532K7RS119292 HYTR 3H3 2024 SE N Other ODOMETER ACTUAL (0) NOT ACTUAL (8)
INDICATOR OVER 10 YRS / 16,000 LBS (1)
(List one) IN EXCESS OF MECHANICAL LIMITS (9) CODE SURRENDERED TITLE# STATE PREVIOUS STATES TITLED VEHICLE USE VEHICLE TYPE CURRENT MILEAGE 1 S MSO CA COLOR CODE (enter appropriate code) # AXLES GROSS VEHICLE WEIGHT VEHICLE TRADE-IN DESCRIPTION COMPANY VEHICLE # MOBILE HOME LGTH WDTH 0 PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS 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) PLATE #(1) 450400T 8020/1994 PERMANENT TDR STICKER #(4) TEMP OPERATOR PERMIT #(3) USDOT / REGISTRANT #(7) MOTOR CARRIER #(8) # OF SEATS(5) ZONE(COUNTY NAME)(6) LIEN INFORMATION (If lien present) LIEN DATE LIEN CODE FIRST LIENHOLDER 11/29/2022 **WILMINGTON TRUST NA AS AGT** STATE ZIP CODE STREET **MINNEAPOLIS** MN 55402 50 S 6TH ST STE 1290 SECOND LIENHOLDER LIEN DATE LIEN CODE STATE ZIP CODE STREET CITY NAME CODE \*LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE) NAME ADDRESS CITY STATE ZIP CODE VEHICLE COST / TAX INFORMATION \*(required for Title & Registration Transactions)

SALE PRICE TRADE IN ALLOWANCE WARRANTY AMOUNT TAXABLE AMOUNT SALESTAX PAID \*TAX EXEMPTION REASON / SALES TAX # DEALER# DEALER NAME DEALER ADDRESS \*Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title) ILLEGIBLE RTN'D DUE TO NON DELIEVERY ALTERED LOST STOLEN MUTILATED 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. DATE ISSUED 7/6/2023 9:42:39 AM POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) SIGNATURE OF CERTIFIER/OWNER 07/06/2023 BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) NVOICE NUMBER COUNTY NAME CO NUMBER DATE OF APPLICATION **ABC14** W. F. BILL KNOWLES 23187 @ **HAMILTON** 33 07/06/2023 fees collected Indicated certifies this for m as a valid registration) TOTAL TAX COLLECTED DFFICE USE ONLY REGISTRATION FEE CLERK FEE FLECTRIC VEHICLE FEE CREDIT LEASE FEE TRANS FEE 3.00 12.00 11.00 5.50 .00 100.25

COMPUTATION OF

SERVICE OPT FEE

☐ SALES TAX ☐ USE TAX

SALES OR USE TAX

ORGAN DONOR

Port: wk50/DR14/8020

SA TAX

Cash: 0.00

POSTAGE

LOCAL TAX

Check: 0.00

ADDITIONAL TAX

Check#:

COLLECTED IN STATE OF

Auth#:

ID / RESIDENCY VERIFICATION

Credit: 0.00

COUNTY WHEEL TAX

Change:

.00

0.00

GV: