



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



City Stickers:

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|---|--------------------------------|--------------------------|
| NEW OR CURRENT TITLE NUMBER 13300464588 | TRANSACTION CODE N01 | REGISTRATION ONLY NUMBER |
|---|--------------------------------|--------------------------|

| | | | | |
|--|------------------------------------|--|------------------------------------|---|
| 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) 4 | | | MAO N | ILU N |
| LAST NAME XTRA LLC | | FIRST NAME | MIDDLE INITIAL | |
| ADDRESS 1 (MAILING) 7911 FORSYTH BLVD STE 600 | | ADDRESS 2 (PHYSICAL) | | |
| CITY SAINT LOUIS | STATE MO | ZIP CODE 63105-3877 | CITY | STATE ZIP CODE |
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCOMP LOCATION HAMILTON 033 | PURCHASE DATE 09/02/2020 | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS | TELEPHONE # 800 325 1453 | *PLACARD/HEARING IMPAIRED CLS/YR *INSURANCE POLICY # |

| | | | | | | | | |
|---|-----------------------------|------------------------|-------------------------|-------------------------------|---------------------------|---|--|------------------|
| VIN 1GR1P0624MJ230588 | MAKE GDAN | MODEL 1GR | YEAR 2021 | BODY SE | TITLE BRAND - translation | CODE N | TYPE OF FUEL - translation Other | CODE 9 |
| SURRENDERED TITLE # MSO | STATE IL | 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) (List one) IN EXCESS OF MECHANICAL LIMITS (9) | | CODE 1 |
| COLOR CODE (enter appropriate code)* UPPER O | MOBILE HOME LGTH WDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | | | COMPANY VEHICLE # W93816 | |

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|--|---|-----------------|----------------------|-------------------------|-----------------------|------------------------|---|
| PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS | | | | | | | |
| PLATE #(1) 139111T | CLASSCODE/ISSUEYR(1)(3) 8020/1994 | VALIDATION #(1) | COUNTY STICKER #(1) | CITY STICKER #(1)(2) | *PLATE #(TRADE IN)(2) | CLASS CODE/ISSUE YR(2) | 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 | | | |

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

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.

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|------------------------------|---|---------------------------|
| SIGNATURE OF CERTIFIER/OWNER | POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) | DATE 09/09/2020 |
|------------------------------|---|---------------------------|

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|----------------------------------|--------------------------------|------------------------|--|---|--------------|
| INVOICE NUMBER 20253 @ | COUNTY NAME HAMILTON | CO NUMBER 33 | DATE OF APPLICATION 09/09/2020 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W.F. (BILL) KNOWLES | KAR46 |
|----------------------------------|--------------------------------|------------------------|--|---|--------------|

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| OFFICE USE ONLY EMISSION: Trailer | | | | | | | |
| REGISTRATION FEE 100.25 | ELECTRIC VEHICLE FEE | CREDIT | LEASE FEE | TRANS FEE | CLERK FEE | ISSUANCE FEE 12.00 | LIEN FEE |
| COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX | | SALES OR USE TAX | SA TAX | LOCAL TAX | ADDITIONAL TAX | TITLE FEE 5.50 | TOTAL TAX COLLECTED .00 |
| *SERVICE OPT FEE | | ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | VIN PLATE FEE .00 | TOTAL FEES COLLECTED 117.75 |