



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

NEW OR CURRENT TITLE NUMBER	TRANSACTION CODE*	REGISTRATION ONLY NUMBER
-----------------------------	-------------------	--------------------------

OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) MAO ILU

LAST NAME	FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL
-----------	------------	----------------	-----------	------------	----------------

ADDRESS 1 (MAILING)	ADDRESS 2 (PHYSICAL)	CITY	STATE	ZIP CODE
---------------------	----------------------	------	-------	----------

CITY	STATE	ZIP CODE	ADDITIONAL OWNER
------	-------	----------	------------------

CNTY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION	PURCHASE DATE	*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE #	PLACARD/HEARUNG IMPAIRED CLS/YR	*INSURANCE POLICY #
--	---------------	---	-------------	---------------------------------	---------------------

VEHICLE INFORMATION

VIN	MAKE	MODEL	YEAR	BODY	TITLE BRAND-list the appropriate code (N) NEW (1) RECONSTRUCTED VEHICLE (U) USED (2) FLOOD DAMAGE (D) DEMO (3) SPECIALLY CONSTRUCTED (8) PARTS ONLY	CODE	TYPE OF FUEL - list the appropriate code GAS (1) ELECTRIC/HYBRID (3) DIESEL (2) PROPANE (4)	CODE
-----	------	-------	------	------	---	------	---	------

SURRENDERED TITLE #	STATE	PREVIOUS STATES TITLED	VEHICLE USE	VEHICLE TYPE	CURRENT MILEAGE	ODOMETER INDICATOR (List one)	ACTUAL (0) NOT ACTUAL (3) OVER 10 YRS/16,000 LBS. (1) IN EXCESS OF MECHANICAL LIMITS (9)	CODE
---------------------	-------	------------------------	-------------	--------------	-----------------	-------------------------------	--	------

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

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

PLATE #(1)	CLASSCODE/ISSUE YR(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)
------------	--------------------------	-----------------	---------------------	----------------------	-------------------------	-------------------------	-----------------------------

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

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
--------	------	-------	----------

LESSEE/REGISTRANT INFORMATION (OWNER OF PLATE) LEGAL STATUS NAME CODE MAO ILU

NAME	NAME
------	------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

VEHICLE COST/TAX INFORMATION *(required for Title and Registration Transactions)

SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALES TAX 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"/> RETURNED 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.

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

INVOICE NUMBER	COUNTY NAME	CO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)
----------------	-------------	-----------	---------------------	--

OFFICE USE ONLY

REGISTRATION FEE	CREDIT	LEASE FEE	TRANSACTION FEE	ISSUANCE FEE	TITLE FEE	TOTAL TAX COLLECTED
------------------	--------	-----------	-----------------	--------------	-----------	---------------------

COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	LOCAL RATE	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY WHEEL TAX
---	------------------	------------	----------------	-----------------------	------------------	----------------

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