

DVS Plate MN



6842STG

PAID

OCT 13 2009

DEPUTY #160

5976

YEAR VALIDATION STICKER NUMBER YEAR

WEIGHT STICKER NUMBER/MOTORCYCLE ENGINE #

A PURCHASER(S) OWNERS MUST COMPLETE vehicle information

TITLE & REG. X TITLE ONLY REG. ONLY REG. CHANGE TRF

PREVIOUS PLATE NUMBER: **MSO** YEAR: _____ MONTH: _____ YEAR: _____

EXPIRATION DATE: _____

DATE OF PURCHASE: **10-13-09** NEW USED

CHECK FUEL TYPE: GASOLINE DIESEL NATURAL GAS OR PROPANE OTHER

MODEL YEAR: **2009** MAKE: **STOUGHTON** BODY/MODEL TYPE: **SEMI-TRLR**

VEHICLE IDENTIFICATION NUMBER: **1DWIAS3289S170176** COLOR CODE: _____ BODY: _____ ROOF: _____

PLEASE CHECK IF THIS VEHICLE HAS BEEN PREVIOUSLY REGISTERED IN MINNESOTA

TRUCKS/TRAILERS: EMPTY WEIGHT _____ TRUCKS: NUMBER OF AXLES _____

You may disclose my personal information for any use in response to requests for my individual driver or motor vehicle records.
 You may disclose my personal information for bulk distribution for surveys, marketing or solicitations.

PURCHASER(S) OWNERS MUST COMPLETE information

LAST, FIRST, AND MIDDLE NAME: **T D I LEASING LLC** DRIVERS LICENSE NO./DEALER NO.: **N/A** DATE OF BIRTH: _____

ADDITIONAL PURCHASER(S) OWNERS LAST, FIRST, AND MIDDLE NAME(S): _____ DRIVERS LICENSE: _____ DATE OF BIRTH(S): _____

STREET ADDRESS: **7200 W 128TH ST P.O. BOX 322** CITY: **SAVAGE** COUNTY: **SCOTT** STATE: **MN** ZIP CODE: **55378**

NAME OF INSURANCE CO.: **LIBERTY MUTUAL** POLICY NUMBER: **AT2-141-006170-098** HOME TELEPHONE NO.: _____

B PURCHASER(S) OWNERS MUST COMPLETE

IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT(S)? YES NO IF YES, COMPLETE SECTION BELOW.

FIRST SECURED PARTY (PRINT NAME): **WELLS FARGO EQUIPMENT FINANCE** DATE OF LOAN: _____

FOR ADDITIONAL SECURED PARTIES, ATTACH COMPLETED FORM NO. PS2017.

STREET ADDRESS: **733 MARQUETTE AVE SUITE 700** CITY: **MPLS** STATE: **MN** ZIP CODE: **55402**

C SELLER(S) MUST COMPLETE AND SIGN

ODOMETER DISCLOSURE STATEMENT. I (WE) CERTIFY THAT THE ODOMETER NOW READS _____ (NO TENTHS) MILES AND TO THE BEST OF MY KNOWLEDGE THE ODOMETER MILEAGE IS:

ACTUAL MILEAGE
 EXCEEDS MECHANICAL LIMITS OF ODOMETER
 NOT ACTUAL MILEAGE - **WARNING ODOMETER DISCREPANCY**

DAMAGE DISCLOSURE STATEMENT. TO THE BEST OF MY KNOWLEDGE THIS VEHICLE

HAS HAS NOT (CHECK ONE) SUSTAINED DAMAGE IN EXCESS OF 70% ACTUAL CASH VALUE

POLLUTION SYSTEM DISCLOSURE STATEMENT. TO THE BEST OF MY KNOWLEDGE THE POLLUTION CONTROL SYSTEM ON THIS VEHICLE INCLUDING THE RESTRICTED GASOLINE PIPE

HAS HAS NOT (CHECK ONE) BEEN REMOVED, ALTERED OR RENDERED INOPERATIVE.

ASSIGNMENT: I (WE) CERTIFY THAT THIS VEHICLE IS FREE FROM ALL SECURITY INTERESTS, WARRANT TITLE, AND ASSIGN THE REGISTRATION TAX AND VEHICLE TO THE PERSON(S) NAMED ABOVE.

SELLER'S PRINTED NAME(S): _____ DATE OF SALE: _____

SELLER'S ADDRESS: _____ DEALER LICENSE #: _____

X ALL SELLER'S SIGNATURE(S)

D PURCHASER(S) OWNERS MUST COMPLETE AND SIGN

PURCHASER'S MOTOR VEHICLE SALES TAX DECLARATION

1. FULL PURCHASE PRICE: **19,678.00** BASE VALUE OR GROSS WGT. _____

2. LESS TRADE-IN ALLOWANCE COMPLETE ITEM NO. 6 _____ REGISTRATION PERIOD FROM _____ THROUGH _____

3. NET PURCHASE PRICE: **19,678.00** CHANGE OF GROSS VEHICLE WEIGHT _____

4. **0.8542** % OF NET PURCHASE PRICE **1680.89** TIME OF CHANGE _____ HOURS

5. LESS TAX PAID TO ANOTHER STATE \$ _____ DATE OF CHANGE _____

6. TRADE-IN WAS A: _____ MAKE _____ PLATE NUMBER _____ DATE CHANGE EXPIRES _____

NET SALES TAX DUE: **109.26** CHANGE OF WGT. AND/OR CLASS FROM _____ TO _____

MIN DEALER LICENSE # _____ DATE MY COMMISSION EXPIRES _____

MIN SALES TAX ACCOUNT # _____

INTERNAL REVENUE CODE # (IRC): _____

PROPRATE ACCOUNT # **5585** (Sales tax due when registered)

NOTARY SIGNATURE _____ SUBSCRIBED AND SWORN TO BEFORE ME _____ DATE _____

COUNTY _____

REGISTRATION TAX + \$ _____
PLATE FEE 4.50
ARREARS TAX _____
CONVERSION FEE _____
STATE PATROL VEHICLE FEE 3.50
TRANSFER TAX 10.00
TITLE/TRANSFER FEE 10.00
MOTOR VEHICLE SALES TAX 109.26
LATE TRANSFER PENALTY _____
SUB-TOTAL \$ 137.26
STATE/DEPUTY FILING FEE 8.50
TOTAL DUE \$ 145.76

I (WE) CERTIFY I (WE) AM (ARE) OF LEGAL AGE, HAVE BOUGHT THIS VEHICLE SUBJECT TO BENS SHOWN AND NO OTHER, THIS VEHICLE IS AND WILL CONTINUE TO BE INSURED WHILE OPERATING UPON THE PUBLIC STREETS AND HIGHWAYS. THE VEHICLE WILL BE OPERATED IN COMPLIANCE WITH THE LAWS WHICH APPLY TO ITS CLASS OF REGISTRATION. HAVE RECEIVED A COPY OF THIS APPLICATION AND ALL OF MY (OUR) DECLARATIONS ARE TRUE AND CORRECT. I (WE) HAVE KNOWLEDGE OF STATE AND FEDERAL REGULATIONS APPLICABLE TO COMMERCIAL VEHICLE OPERATION, MINNESOTA STATUTES CHAPTER 221 PUBLIC SERVICE COMMISSION RULES 1 THROUGH 46, AND CODE OF FEDERAL REGULATIONS, TITLE 49, PARTS 390 THROUGH 399, AND IF A TRANSPORTER OF HAZARDOUS MATERIALS, CODE OF FEDERAL REGULATIONS TITLE 49, PARTS 171 TO 199.

X T D I Leasing LLC
X [Signature] 10-13-09

SIGNATURE(S) (ALL PURCHASER(S) OWNER(S) MUST SIGN) _____ DATE _____