

536591

Application cannot be accepted with alterations (changes) or white-out
LDE 210/05/19:01:5545: 169.00 MU
712343ST TR 00/00

ILLINOIS SECRETARY OF STATE - APPLICATION FOR VEHICLE TRANSACTION(S)

1. Type of transaction(s):		2. Current Plate Number			
<input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		3. Plate Type Requested ST SEMI TRAILER			
		4. Exp. Month		Year	
		5. OWNER INFORMATION		6. Owner 1 DU/FEIN #	
		6. Owner 2 DU/FEIN #		7. VEHICLE INFORMATION	
8. Purchase Date		Vehicle Identification Number (VIN)			
9. Current Odometer Reading (No Tenths)		VIN Second Stage Info.			
10. Surrender Title Number and State #		11. File Number			
11. File Number		12. Unit Number			
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)			
15. FIRST LIENHOLDER		16. SECOND LIENHOLDER			
17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)			
19. BENEFICIARY		20. REASON FOR REPLACEMENT PLATES/STICKER			
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE		24. AUDITOR'S USE ONLY			
22. Daytime Phone Number (optional)		TRP NUMBER			
23. Signature(s)		Tax Form Number			
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions.		s 169.00			
I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.		Circle Quarter: 1st 2nd 3rd 4th			
OFFICE USE ONLY		10/03/2019			
Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/>		REMITTER/DRIVER SERVICES FACILITY STAMP:			
6218279990		OCT 04 2019			
Control #		Date: _____			

CUSTOMER RECEIPT