


R 536620

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

Application cannot be accepted with alterations (changes) or write-out.

LOE204/13/19:01:5462: 693057ST

114.00 MI TR 00/00

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			
First		Last	Middle
COMPASS		LEASE LLC	
First		Last	Middle
Residence/Business Street Address 5150 S LAWDALE AVE			
City		STATE	ZIP
MCCOOK		IL	60525
 6216373934/		6. Owner 1 DL/FEIN #	
		Owner 2 DL/FEIN #	
7. VEHICLE INFORMATION			
8. Purchase Date		VIN	
04/10/2019 Month Day Year		5V8VC5322LT003053	
New <input checked="" type="checkbox"/> Used <input type="checkbox"/>		Year	Model
		2020	DRY VAN
		Make	Body Style
		VAN GUARD	SEMI TLR
		Color	Color
		WHI / WHI	
9. Current Odometer Reading (No Tenth)		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (message not required)	
000MNR		<input type="checkbox"/> Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title State	<input type="checkbox"/> MCY C.C. <input type="checkbox"/> Mobile Home Sq. Ft. <input type="checkbox"/> Rental <input type="checkbox"/> Leased
10. Surrender Title Number and State #MCO State:		11. File Number 12. Unit Number	
13. MAIL TITLE TO: (IF DIFFERENT THAN ABOVE)		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)	
Name		Insurance Company Name (Do not list agent)	
Street Address		Policy Number	
City State ZIP		Expiration Date	
15. FIRST LIENHOLDER		16. SECOND LIENHOLDER	
Name		Name	
UMB BANK NA			
Street Address		Street Address	
1008 OAK STREET			