
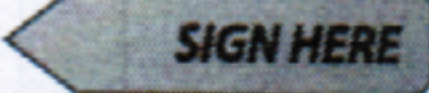



ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)

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

538431

CL9Z03/20/23:01:4942: 204.00 CK01
 927718ST ETR 00/00
 FOR DEPOSIT ONLY

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	
	5. OWNER INFORMATION		Year	
	First Last Middle COMPASS LEASE LLC		First Last Middle	
	Residence/Business Street Address 15W580 FRONTAGE ROAD			
	City BURR RIDGE		STATE IL	
			ZIP 60527	
	 6232008143/		6. Owner 1 DL/FEIN #	
			Owner 2 DL/FEIN #	
	7. VEHICLE INFORMATION			
	8. Purchase Date 02/23/2023 Month Day Year		Vehicle Identification Number (VIN) 1JJV532D1RL427988	
New <input checked="" type="checkbox"/> Used <input type="checkbox"/> Year 2024 Make WABASH Model DRY VAN Body Style SEMI TLR Color WHI / WHI		VIN Second Stage Info.		
9. Current Odometer Reading (No Tenths) <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 (mileage not required)		Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input checked="" type="checkbox"/>		
MCY C.C. Mobile Home Sq. Ft. Rental <input type="checkbox"/> Leased <input type="checkbox"/> Gross Weight (RV, RT, TRK, BUS, TRLR) 0 For Hire <input type="checkbox"/> # of Axles 0				
10. Surrender Title Number and State #MCO State: ZZ		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 BANC OF AMERICA LEASING		Name		
Street Address 600 PEACHTREE STREET NE 11TH FLOOR		Street Address		
City State ZIP ATLANTA GA 30308		City State ZIP		
17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)		
Year Make/Model		Name Dealer # QUALITY TRAILER SALES SOS		
VIN		Street Address 1601 E. 1ST AVENUE		
		City State ZIP MILAN IL 61264		
19. BENEFICIARY		20. REASON FOR REPLACEMENT PLATES/STICKER		
Name		<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing		
Street Address				
City State/Country ZIP				
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE		24. AUDITOR'S USE ONLY		
State all reasons for corrections or duplication.		TRP NUMBER		
		Tax Form Number MV 090675540		
		\$204.00		
		Auditor Comments:		
		Circle Quarter: 1st 2nd 3rd 4th		
22. Daytime Phone Number (optional) 630-468-0714				
23. Signature(s)				
1. 				
2. 				
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. 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.				
OFFICE USE ONLY		Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP:		
6232008143		EXPEDITED TITLE		
IL Resident		Date: _____		
Control #		CUSTOMER RECEIPT		

03/17/2023

VS@ARA

P LAND OF LINCOLN

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ILLINOIS