

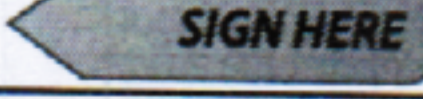


ILLINOIS SECRETARY OF STATE -- APPLICATION FOR VEHICLE TRANSACTION(S)

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

538434

CL9Z03/20/23:01:4939: 204.00 CK01  
 930082ST 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		6. Owner 1 DL/FEIN #	
	First Last Middle		Owner 2 DL/FEIN #	
	Residence/Business Street Address 15W580 FRONTAGE ROAD			
	City BURR RIDGE		STATE IL	ZIP 60527
	 6232008664/		7. VEHICLE INFORMATION	
	8. Purchase Date 02/23/2023 Month Day Year		VIN 1JJV532D1RL427991	
	New <input checked="" type="checkbox"/> Used <input type="checkbox"/> 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"/> State _____ Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input checked="" type="checkbox"/>	Model DRY VAN Body Style SEMI TLR Color WHI / WHI MCY C.C. <input type="checkbox"/> Mobile Home Sq. Ft. <input type="checkbox"/> 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)		
Name		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)		
Street Address		Insurance Company Name (Do not list agent)		
City State ZIP		Policy Number		
15. FIRST LIENHOLDER		Expiration Date		
Name BANC OF AMERICA LEASING		16. SECOND LIENHOLDER		
Street Address 600 PEACHTREE STREET NE 11TH FLOOR		Name		
City State ZIP ATLANTA GA 30308		Street Address		
17. TRANSFER INFORMATION		City State ZIP		
Year	Make/Model	18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)		
VIN		Name Dealer # QUALITY TRAILER SALES SOS		
19. BENEFICIARY		Street Address 1601 E. 1ST AVENUE		
Name		City State ZIP MILAN IL 61264		
Street Address		20. REASON FOR REPLACEMENT PLATES/STICKER		
City State/Country ZIP		<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing		
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 090675710		
22. Daytime Phone Number (optional) 630-468-0714		Auditor Comments:		
23. Signature(s)		\$204.00 Circle Quarter: 1st 2nd 3rd 4th		
1. 				
2. 				

03/17/2023

VS@ARA

OFFICE USE ONLY

Verified by CRT  I.D.

REMITTER/DRIVER SERVICES FACILITY STAMP:

6232008664

IL Resident

Control #

EXPEDITED TITLE

CUSTOMER RECEIPT

Date: \_\_\_\_\_



P LAND OF LINCOLN

93082

ILLINOIS