




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

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

538431

CL9X03/02/23:03:4106: 204.00 CK01
 9274829T ETR 00/00
 FOR DEPOSIT ONLY

1. Type of transaction(s): <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:		2. Current Plate Number	
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 15W580 N. FRONTAGE RD.			
City BURR RIDGE		STATE IL	ZIP 60527
 6232014687/		6. Owner 1 DL/FEIN #	
		Owner 2 DL/FEIN #	
7. VEHICLE INFORMATION			
8. Purchase Date 02/23/2023 Month Day Year		VIN Second Stage Info. 1JJV532D7RL427994	
New <input checked="" type="checkbox"/> Used <input type="checkbox"/> Year 2024 Make WABASH Model DRY VAN Body Style SEMI TLR Color WHI / WHI			
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 _____ MCY C.C. _____ Mobile Home Sq. Ft. _____ Rental <input type="checkbox"/> Leased <input type="checkbox"/> Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input checked="" 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 Street Address City State ZIP		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT) Insurance Company Name (Do not list agent) Policy Number Expiration Date	
15. FIRST LIENHOLDER Name BANC OF AMERICA LEASING Street Address 600 PEACHTREE STREET NE City State ZIP ATLANTA GA 30308		16. SECOND LIENHOLDER Name Street Address City State ZIP	
17. TRANSFER INFORMATION Year Make/Model VIN		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP) Name Dealer # QUALITY TRAILER SALES SOS Street Address 1601 E. 1ST AVENUE City State ZIP MILAN IL 61264	
19. BENEFICIARY Name Street Address City State/Country ZIP		20. REASON FOR REPLACEMENT PLATES/STICKER <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 State all reasons for corrections or duplication.		24. AUDITOR'S USE ONLY TRP NUMBER \$204.00 Tax Form Number MV 090550900 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.			

03/01/2023

VS@HMB1

OFFICE USE ONLY

Verified by CRT I.D.

REMITTER/DRIVER SERVICES FACILITY STAMP:

6232014687

EXPEDITED TITLE

IL Resident

CUSTOMER RECEIPT

Date: _____

Control #