

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

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

538412

<b>1. Type of transaction(s):</b> <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:		<b>2. Current Plate Number</b> CL9203/02/23:01:3843: 204.00 CK01 927622ST ETR 00/00 FOR DEPOSIT ONLY
<b>3. Plate Type Requested</b> ST SEMI TRAILER		
<b>4. Exp. Month</b> _____ <b>Year</b> _____		
<b>OWNER INFORMATION</b>		
<b>5. First</b> _____ <b>Last</b> <b>COMPASS LEASE LLC</b> <b>Middle</b> _____		
<b>6. Owner 1 DL/FEIN #</b> _____ <b>Owner 2 DL/FEIN #</b> _____		
<b>Residence/Business Street Address</b> 15W580 N. FRONTAGE RD. <b>City</b> BURR RIDGE <b>STATE</b> IL <b>ZIP</b> 60527		
<b>VEHICLE INFORMATION</b>		
<b>7. Vehicle Identification Number (VIN)</b> 1JJV532D6RL427999 <b>VIN Second Stage Info.</b> _____		
<b>8. Purchase Date</b> 02/23/2023 <b>New</b> <input checked="" type="checkbox"/> <b>Used</b> <input type="checkbox"/> Month Day Year		
<b>9. Current Odometer Reading (No Tenths)</b> <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)		
<b>10. Surrender Title Number and State</b> #MCO State: ZZ		
<b>11. File Number</b> _____ <b>12. Unit Number</b> _____		
<b>13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)</b> Name _____ Street Address _____ City _____ State _____ ZIP _____		
<b>14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)</b> Insurance Company Name (Do not list agent) _____ Policy Number _____ Expiration Date _____		
<b>15. FIRST LIENHOLDER</b> Name: BANC OF AMERICA LEASING Street Address: 600 PEACHTREE STREET NE City: ATLANTA State: GA ZIP: 30308		
<b>16. SECOND LIENHOLDER</b> Name _____ Street Address _____ City _____ State _____ ZIP _____		
<b>17. TRANSFER INFORMATION</b> Year _____ Make/Model _____ VIN _____		
<b>18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)</b> Name: QUALITY TRAILER SALES Dealer #: SOS Street Address: 1601 E. 1ST AVENUE City: MILAN State: IL ZIP: 61264		
<b>19. BENEFICIARY</b> Name _____ Street Address _____ City _____ State/Country _____ ZIP _____		
<b>20. REASON FOR REPLACEMENT PLATES/STICKER</b> <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing		
<b>21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE</b> State all reasons for corrections or duplication.		
<b>22. Daytime Phone Number (optional)</b> 630-468-0714		
<b>23. Signature(s)</b> 1.  SIGN HERE 2.  SIGN HERE		
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 <input type="checkbox"/> I.D. <input type="checkbox"/>	REMITTER/DRIVER SERVICES FACILITY STAMP:
6232014752		EXPEDITED TITLE
IL Resident		Date: _____
Control # _____		<b>CUSTOMER RECEIPT</b>