

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

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

RP3103/27/23=03:2530= 174.00 MU  
 928789ST TR 00/00  
 538478

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 FRONTAGE ROAD City STATE ZIP BURR RIDGE IL 60527			
6. Owner 1 DL/FEIN # Owner 2 DL/FEIN #		7. VEHICLE INFORMATION Vehicle Identification Number (VIN) 1UYVS2536R3062708 VIN Second Stage Info.	
8. Purchase Date 03/15/2023 Month Day Year New <input checked="" type="checkbox"/> Used <input type="checkbox"/>		Year Make Model Body Style Color 2024 UTILITY TRLR DRY VAN TRAILER WHI / WHI	
9. Current Odometer Reading (No Tenths) 000MNR <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 type="checkbox"/>	
10. Surrender Title Number and State # MCO State:		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 BMO HARRIS BANK NA Street Address PO BOX 35707 City BILLINGS State MT ZIP 59107	
16. SECOND LIENHOLDER Name Street Address City State ZIP		17. TRANSFER INFORMATION Year Make/Model VIN	
18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP) Name MIDWEST UTILITY, INC. Dealer # SOS Street Address 15700 N. FRONTAGE RD. City BURR RIDGE State IL ZIP 60527		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.	
22. Daytime Phone Number (optional) 630-468-0714		23. SIGNATURE(S) 1. <i>[Signature]</i> 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.			
OFFICE USE ONLY 6232284090 Control #		24. AUDITOR'S USE ONLY TRP NUMBER \$174.00 Tax Form Number MV 090692845 Circle Quarter: 1st 2nd 3rd 4th 03/21/2023 Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP:	

CUSTOMER RECEIPT

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



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ILLINOIS