


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

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

RP3103/27/23:03:2514: 174.00 MU
9339035T TR 00/00

538496

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	Year
5. OWNER INFORMATION			
First		Last	Middle
		COMPASS LEASE LLC	
First		Last	Middle
Residence/Business Street Address 15W580 FRONTAGE ROAD			
City BURR RIDGE		STATE IL	ZIP 60527
 6232288159/		6. Owner 1 DL/FEIN #	
		Owner 2 DL/FEIN #	
7. VEHICLE INFORMATION			
8. Purchase Date		Vehicle Identification Number (VIN)	
03/15/2023		1UYVS2538R3062726	
New <input checked="" type="checkbox"/> Used <input type="checkbox"/>		VIN Second Stage Info.	
9. Current Odometer Reading (No Tenths)		Year	Make
000MNR		2024	UTILITY TRLR
<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)		Model	Body Style
		DRY VAN	TRAILER
		Color	WHI / WHI
		<input type="checkbox"/> Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title	<input type="checkbox"/> MCY C.C. <input type="checkbox"/> Mobile Home Sq. Ft. <input type="checkbox"/> Rental <input type="checkbox"/> Leased
10. Surrender Title Number and State		11. File Number	
#MCO			
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		Name	
BMO HARRIS BANK NA			
Street Address		Street Address	
PO BOX 35707			
City State ZIP		City State ZIP	
BILLINGS MT 59107			
17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)	
Year	Make/Model	Name	
		MIDWEST UTILITY, INC.	
VIN		Dealer #	
		SOS	
19. BENEFICIARY		Street Address	
Name		15700 N. FRONTAGE RD.	
Street Address		City State ZIP	
		BURR RIDGE IL 60527	
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		24. AUDITOR'S USE ONLY	
State all reasons for corrections or duplication.		TRP NUMBER	
		Tax Form Number	
		MV 090696920	
		\$174.00	
		Circle Quarter:	
		1st 2nd 3rd 4th	
22. Daytime Phone Number (optional)			
630-468-0714			
23. Signature(s)			
1. <i>Erin Procter</i>			
2. <i>[Signature]</i>			

03/21/2023

OFFICE USE ONLY

Verified by CRT I.D.

REMITTER/DRIVER SERVICES FACILITY STAMP:

6232288159

CUSTOMER RECEIPT

Date: _____

Control #