




536192

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

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

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 SP8006/1R/18:01:9585: 114.00 NU 6565209T TR 00/00	
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 5150 S LAWDALE AVE			
City MCCOOK		STATE IL	ZIP 60525
 6213898464/		6. Owner 1 DL/FEIN #	
		Owner 2 DL/FEIN #	
7. VEHICLE INFORMATION			
Vehicle Identification Number (VIN) 1GRAP0623KK145880		VIN Second Stage Info.	
8. Purchase Date 05/01/2018 Month Day Year	New <input checked="" type="checkbox"/> Used <input type="checkbox"/>	Year 2019	Make GREAT DANE
		Model VAN	Body Style TRAILER
			Color UNK / UNK
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"/> MCY C.C. <input type="checkbox"/> Mobile Home Sq. Ft. <input type="checkbox"/> Rental <input type="checkbox"/> Leased <input type="checkbox"/>
	Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input type="checkbox"/>	Gross Weight (RV, RT, TRK, BUS, TRLR) <input type="checkbox"/>	For Hire <input type="checkbox"/> # of Axles <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 JMB BANK N A Street Address 1008 OAK STREET MS 1170203 City State ZIP KANSAS CITY MO 64106		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 # GREAT DANE TRAILERS DLT116 Street Address 699 E SOUTH FRONTAGE RD City State ZIP BOLINGBROOK IL 60440	
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 Tax Form Number \$114.00 592624589 Circle Quarter: 1st 2nd 3rd 4th	
22. Daytime Phone Number (optional) 800-924-9029			
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.			

06/12/2018

OFFICE USE ONLY

Verified by CRT I.D. REMITTER/DRIVER SERVICES FACILITY STAMP:

6213898464

CUSTOMER RECEIPT

Date: _____

Control #