


536 157

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

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

SP8006/18/18:02:9702: 114.00 NU
6636648T TR 00/00

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							
First		Last				Middle							
Residence/Business Street Address 5150 S LAWDALE AVE													
City		STATE				ZIP							
MCCOOK		IL				60525							
6. Owner 1 DL/FEIN #					Owner 2 DL/FEIN #								
7. VEHICLE INFORMATION													
Vehicle Identification Number (VIN) 1GRAP0625KK145895					VIN Second Stage Info.								
8. Purchase Date 04/30/2018 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"/> State		MCY C.C.		Mobile Home Sq. Ft.		Rental <input type="checkbox"/> Leased <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)					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 UMB BANK N A					Name								
Street Address 1008 OAK STREET MS 1170203					Street Address								
City		State		ZIP		City		State		ZIP			
KANSAS CITY		MO		64106		City		State		ZIP			
17. TRANSFER INFORMATION					18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)								
Year		Make/Model			Name		Dealer #						
					GREAT DANE TRAILERS		DLT116						
VIN					Street Address								
					699 E SOUTH FRONTAGE RD								
City		State		ZIP		City		State		ZIP			
BOLINGBROOK		IL		60440		City		State		ZIP			
19. BENEFICIARY					20. REASON FOR REPLACEMENT PLATES/STICKER								
Name					<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing								
Street Address													
City State/Country ZIP													
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						
							592679401						
					\$114.00		Circle Quarter:						
							1st 2nd 3rd 4th						
22. Daytime Phone Number (optional) 800-924-9029													
23. Signature(s) 1. <i>[Signature]</i>													
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.					06/13/2018								

OFFICE USE ONLY

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

6213910060

CUSTOMER RECEIPT

Date: _____

Control #