


937530

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

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

CFUS08/26/21:01:7903: 169.00MVI
652076ST 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		6. Owner 1 DL/FEIN #			
		COMPASS LEASE LLC									
First		Last				Middle		6. Owner 2 DL/FEIN #			
Residence/Business Street Address 15W580 N FRONTAGE RD											
City		STATE				ZIP					
BURR RIDGE		IL				60527					
7. VEHICLE INFORMATION											
Vehicle Identification Number (VIN) 1UYVS2531N3580705					VIN Second Stage Info.						
8. Purchase Date 08/12/2021 Month Day Year		New <input checked="" type="checkbox"/> Used <input type="checkbox"/>		Year 2022		Make UTILITY TRLR		Model DRY VAN		Body Style TRAILER	Color 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)		<input type="checkbox"/> Rebuilt	<input type="checkbox"/> Flood	<input type="checkbox"/> Other Branded Title State _____		<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 #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 BMO HARRIS BANK NA					Name						
Street Address PO BOX 35707					Street Address						
City State ZIP BILLINGS MT 59107					City State ZIP						
17. TRANSFER INFORMATION					18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)						
Year		Make/Model			Name MIDWEST UTILITY					Dealer # SOS	
VIN					Street Address 15W700 N FRONTAGE RD						
19. BENEFICIARY					City BURR RIDGE		State IL		ZIP 60527		
Name					20. REASON FOR REPLACEMENT PLATES/STICKER						
Street Address					<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing						
City State/Country ZIP					24. AUDITOR'S USE ONLY						
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication.					TRP NUMBER		Tax Form Number MV 086492690				
22. Daytime Phone Number (optional) 630-468-0714					\$169.00		Circle Quarter: 1st 2nd 3rd 4th				
23. Signature(s) 1. <i>Catherine Varoni / Agent</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.											

08/19/2021

150
19
169

OFFICE USE ONLY

Verified by CRT I.D.

REMITTER/DRIVER SERVICES FACILITY STAMP:

6226556588

CUSTOMER RECEIPT

Date: _____

Control #