
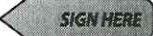



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Application cannot be accepted with alterations (changes) or white-out.

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

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		SP6812/13/21:03:9326: 199.00 CK01	
	4. Exp. Month		Year	870199ST ETR 00/00
	5. OWNER INFORMATION			
	First		Last	Middle
	COMPASS LEASE LLC			
	First		Last	Middle
	Residence/Business Street Address 15W580 N FRONTAGE RD			
	City		STATE	ZIP
	BURR RIDGE		IL	60527
	6. Owner 1 DL/FEIN #		Owner 2 DL/FEIN #	
 6227630604/				
7. VEHICLE INFORMATION				
Vehicle Identification Number (VIN)		VIN Second Stage Info.		
1JJV532D4NL290328				
8. Purchase Date	New <input checked="" type="checkbox"/>	Used <input type="checkbox"/>		
12/03/2021				
Month Day Year	Year	Make	Model	
	2022	WANC	DRY VAN	
			Body Style	
			SEMI TLR	
			Color	
			WHI / WHI	
9. Current Odometer Reading (No Tenths)		Rebuilt <input type="checkbox"/>	Flood <input type="checkbox"/>	
<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual		Other Branded Title <input type="checkbox"/>		
<input type="checkbox"/> In Excess of Mechanical Limits		MCY C.C.		
<input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)		Mobile Home Sq. Ft.		
Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required)		Rental <input type="checkbox"/>		
Yes <input checked="" type="checkbox"/>		Leased <input type="checkbox"/>		
Gross Weight (RV, RT, TRK, BUS, TRLR)		# of Axles		
0		0		
10. Surrender Title Number and State		11. File Number		
#MCO State: ZZ		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		Name		
BANC OF AMERICA LEASING				
Street Address		Street Address		
2059 NORTHLAKE PARKWAY				
City State ZIP		City State ZIP		
TUCKER GA 30084				
17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)		
Year	Make/Model	Name Dealer #		
		QUALITY TRAILER SALES SOS		
VIN		Street Address		
		1601 E 1ST AVENUE		
19. BENEFICIARY		City State ZIP		
Name		MILAN IL 61264		
Street Address		20. REASON FOR REPLACEMENT PLATES/STICKER		
City State/Country ZIP		<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 087346060		
		Auditor Comments:		
		\$199.00		
		Circle Quarter:		
		1st 2nd 3rd 4th		
22. Daytime Phone Number (optional)				
630-468-0714				
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.				

12/13/2021

VS@JTW

OFFICE USE ONLY

Verified by CRT  I.D.

REMITTER/DRIVER SERVICES FACILITY STAMP:

6227630604

EXPEDITED TITLE

IL Resident

CUSTOMER RECEIPT

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

Control #