

537733

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	
		4. Exp. Month	Year
		5. OWNER INFORMATION	
		6. Owner 1 DL/FEIN #	
8. Purchase Date 12/03/2021 Month Day Year		New <input checked="" type="checkbox"/> Used <input type="checkbox"/>	
9. Current Odometer Reading (No Tenths)		Vehicle Identification Number (VIN) 1JJV532D4NL290331	
<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 _____	
10. Surrender Title Number and State #MCO State: ZZ		11. File Number	
12. Unit Number		13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)	
14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)		15. FIRST LIENHOLDER	
Insurance Company Name (Do not list agent) Policy Number Expiration Date		Name Street Address City State ZIP	
16. SECOND LIENHOLDER		17. TRANSFER INFORMATION	
Name Street Address City State ZIP		Year Make/Model VIN	
18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)		19. BENEFICIARY	
Name Dealer # Street Address City State ZIP		Name Street Address City State/Country ZIP	
20. REASON FOR REPLACEMENT PLATES/STICKER		21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE	
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing		State all reasons for corrections or duplication.	
22. Daytime Phone Number (optional) 630-468-0714		23. SIGNATURE(S)	
24. AUDITOR'S USE ONLY		1.	
TRP NUMBER Tax Form Number \$199.00 Circle Quarter: 1st 2nd 3rd 4th		2.	
MV 087461102 Auditor Comments:		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.	
12/30/2021		VS@ADM	

SP6012/30/21=01=2662: 199.00 CK01
8743379T ETR 00/00
FOR DEPOSIT ONLY



OFFICE USE ONLY

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

6227630852

IL Resident

EXPEDITED TITLE

CUSTOMER RECEIPT

Date: _____

Control #