


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	
		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month Year	
5. OWNER INFORMATION			
First		Last Middle	
		FLEX TRANSPORT INC	
First		Last Middle	
Residence/Business Street Address 700 NICHOLAS BLVD STE 408			
City ELK GROVE VILLAGE		STATE IL	ZIP 60007
 6217438315/		6. Owner 1 DU/FEIN # Owner 2 DU/FEIN #	
7. VEHICLE INFORMATION			
8. Purchase Date 07/15/2019 Month Day Year		VIN Second Stage Info.	
New <input checked="" type="checkbox"/> Used <input type="checkbox"/>			
9. Current Odometer Reading (No Tenths) 000MNR		Vehicle Identification Number (VIN) 1JJV532D9LL170943	
Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input type="checkbox"/> 10 yrs. or older (mileage not required) <input checked="" type="checkbox"/>		Year 2020 Make WABASH Model DURAPLATE Body Style TRAILER Color UNK / UNK	
10. Surrender Title Number and State #MCO State:		11. File 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 WABASH NATIONAL FINANCIAL SERVICES Street Address 655 BUSINESS CENTER DRIVE City HORSHAM State PA ZIP 19044		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 # M & K TRAILER CENTERS OF GR SOS Street Address 2655 BURLINGAME AVE SW City WYOMING State MI ZIP 49509	
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 MV 081367643	
22. Daytime Phone Number (optional) 312-882-6885		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.	
OFFICE USE ONLY 6217438315		07/15/2019	
Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/>		REMITTER/DRIVER SERVICES FACILITY STAMP:	
Control #		Date: _____	
CUSTOMER RECEIPT			