



**DEALER POINT  
MVT TRANSACTIONS**

# TENNESSEE

|                                                                                       |                                                                                         |                                                                                                                   |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>DEALER</b><br><input type="text"/><br><input type="text"/><br><input type="text"/> | <b>CUSTOMER</b><br><input type="text"/><br><input type="text"/><br><input type="text"/> | <b>VEHICLE</b><br><input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/>    |
| <b>DEAL</b><br><input type="text"/><br><input type="text"/><br><input type="text"/>   | <b>INSURANCE</b><br><input type="text"/><br><input type="text"/>                        | <b>LIENHOLDER</b><br><input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/> |

## CHECKLIST

|                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TITLE (can be signed by POA)</b><br>* If there is a spot for notarization, it must be notarized<br><input type="checkbox"/> The original Title and any supporting reassignments                                                                                              | <b>TITLE APPLICATION</b><br><input type="checkbox"/> Completed Title Only Application FORM RV-F1315201                                                                                                                                                                        |
| <b>PROOF OF IDENTIFICATION (Business)</b><br><b>SELECT ONE</b><br><input type="checkbox"/> Copy of Official Document listing Federal ID Number<br><input type="checkbox"/> Tax Certificate<br><input type="checkbox"/> Articles of Incorporation                                | <b>PROOF OF IDENTIFICATION (Individual)</b><br><input type="checkbox"/> Copy of Valid Tennessee Drivers License<br><input type="checkbox"/> Out of State Drivers License<br><b>Must provide FRONT &amp; BACK copy of Drivers License<br/>a copy of Passport is acceptable</b> |
| <b>BILL OF SALE / RETAIL PURCHASE AGREEMENT</b><br><input type="checkbox"/> Completed Bill of Sale Form / Retail Purchase Agreement                                                                                                                                             | <b>ODOMETER DISCLOSURE FORM</b><br><input type="checkbox"/> Completed Odometer Disclosure Statement FORM f1317001                                                                                                                                                             |
| <b>PROOF OF INSURANCE</b><br>(Insurance Card that includes the following)<br><input type="checkbox"/> Policy Number<br><input type="checkbox"/> Effective and Expiration Date<br><input type="checkbox"/> Name of Registrant<br><input type="checkbox"/> Must have Sale Vehicle | <b>TRANSFER REGISTRATION</b><br><input type="checkbox"/> Provide a copy of current registration                                                                                                                                                                               |
| <b>LIEN ASSIGNMENT</b><br>UCC AND/OR Full Finance Contract<br><input type="checkbox"/> Completed Lien Assignment FORM                                                                                                                                                           | <b>POWER OF ATTORNEY</b><br><input type="checkbox"/> Completed Power of Attorney FORM f1311401                                                                                                                                                                                |

CLEAR FORM



TENNESSEE DEPARTMENT OF REVENUE  
VEHICLE SERVICES DIVISION  
MULTI-PURPOSE APPLICATION

Form instructions are available at <http://www.tn.gov/revenue/forms/titlereg/f1315201inst.pdf> or call toll-free at 1 (888) 871-3171, Monday -Friday, 8:00 - 4:30, CST.

|                                                                                                                                                                                                                                                                                                         |                          |                                 |                        |                                    |                                                        |                                                                            |              |                                                            |                       |                                       |                                                                                          |                                    |                   |                              |                |                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------|------------------------|------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------|--------------|------------------------------------------------------------|-----------------------|---------------------------------------|------------------------------------------------------------------------------------------|------------------------------------|-------------------|------------------------------|----------------|------------------------------|--|
| NEW OR CURRENT TITLE NUMBER                                                                                                                                                                                                                                                                             |                          |                                 |                        | TRANSACTION CODE*                  |                                                        | REGISTRATION ONLY NUMBER                                                   |              |                                                            |                       |                                       |                                                                                          |                                    |                   |                              |                |                              |  |
| OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 25 CHARACTERS) <input type="checkbox"/> MAO <input type="checkbox"/> ILU <input type="checkbox"/>                                    |                          |                                 |                        |                                    |                                                        |                                                                            |              |                                                            |                       |                                       |                                                                                          |                                    |                   |                              |                |                              |  |
| LAST NAME                                                                                                                                                                                                                                                                                               |                          |                                 | FIRST NAME             |                                    |                                                        | MIDDLE INITIAL                                                             |              |                                                            | LAST NAME             |                                       |                                                                                          | FIRST NAME                         |                   |                              | MIDDLE INITIAL |                              |  |
| ADDRESS 1 (MAILING)                                                                                                                                                                                                                                                                                     |                          |                                 |                        |                                    |                                                        | ADDRESS 2 (PHYSICAL)                                                       |              |                                                            |                       | CITY                                  |                                                                                          | STATE                              |                   | ZIP CODE                     |                |                              |  |
| CITY                                                                                                                                                                                                                                                                                                    |                          |                                 |                        |                                    |                                                        | STATE                                                                      |              | ZIP CODE                                                   |                       | ADDITIONAL OWNER                      |                                                                                          |                                    |                   |                              |                |                              |  |
| CNTY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION                                                                                                                                                                                                                                                      |                          |                                 |                        | PURCHASE DATE                      |                                                        | *LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> |              | TELEPHONE #                                                |                       | PLACARD/HEARING IMPAIRED CLS/YR       |                                                                                          | INSURANCE POLICY #                 |                   |                              |                |                              |  |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                     |                          |                                 |                        |                                    |                                                        |                                                                            |              |                                                            |                       |                                       |                                                                                          |                                    |                   |                              |                |                              |  |
| VIN                                                                                                                                                                                                                                                                                                     |                          | MAKE                            | MODEL                  | YEAR                               | BODY                                                   | TITLE BRAND - translation                                                  |              |                                                            | CODE                  | TYPE OF FUEL - translation            |                                                                                          |                                    | CODE              |                              |                |                              |  |
| SURRENDERED TITLE #                                                                                                                                                                                                                                                                                     |                          | STATE                           | PREVIOUS STATES TITLED |                                    |                                                        | VEHICLE USE                                                                | VEHICLE TYPE | CURRENT MILEAGE                                            |                       | ODOMETER INDICATOR (List one)         | ACTUAL (0) NOT ACTUAL (3) OVER 10 YRS/16,000 LBS. (1) IN EXCESS OF MECHANICAL LIMITS (9) |                                    |                   | CODE                         |                |                              |  |
| COLOR CODE (enter appropriate code)*<br>UPPER LOWER                                                                                                                                                                                                                                                     |                          | MOBILE HOME<br>LGTH             |                        | WDTH                               |                                                        | #AXLES                                                                     |              | GROSS VEHICLE WEIGHT                                       |                       | *VEHICLE TRADE-IN DESCRIPTION         |                                                                                          |                                    | COMPANY VEHICLE # |                              |                |                              |  |
| PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions)                                                                                                                                                                                                             |                          |                                 |                        |                                    |                                                        |                                                                            |              |                                                            |                       |                                       |                                                                                          |                                    |                   |                              |                |                              |  |
| PLATE #(1)                                                                                                                                                                                                                                                                                              | CLASSCODE/ISSUE YR(1)(3) |                                 | VALIDATION #(1)        | COUNTY STICKER #(1)                |                                                        | CITY STICKER #(1)(2)                                                       |              | *PLATE # (TRADE IN) (2)                                    |                       | CLASS CODE/ISSUE YR (2)               |                                                                                          | EXPIRATION DATE (1) (2) (3)        |                   |                              |                |                              |  |
| TDS STICKER # (4)                                                                                                                                                                                                                                                                                       |                          | TEMP OPERATOR PERMIT # (3)      |                        | # OF SEATS (5)                     |                                                        | ZONE COUNTY NAME (6)                                                       |              |                                                            | USDOT/REGISTRANT #(7) |                                       |                                                                                          | MOTOR CARRIER #(8)                 |                   |                              |                |                              |  |
| LIEN INFORMATION (if lien present)                                                                                                                                                                                                                                                                      |                          |                                 |                        |                                    |                                                        |                                                                            |              |                                                            |                       |                                       |                                                                                          |                                    |                   |                              |                |                              |  |
| FIRST LIENHOLDER                                                                                                                                                                                                                                                                                        |                          |                                 |                        |                                    |                                                        |                                                                            |              |                                                            |                       | LIEN DATE                             |                                                                                          |                                    |                   |                              |                |                              |  |
| STREET                                                                                                                                                                                                                                                                                                  |                          |                                 |                        | CITY                               |                                                        |                                                                            |              | STATE                                                      |                       |                                       |                                                                                          | ZIP CODE                           |                   |                              |                |                              |  |
| SECOND LIENHOLDER                                                                                                                                                                                                                                                                                       |                          |                                 |                        |                                    |                                                        |                                                                            |              |                                                            |                       | LIEN DATE                             |                                                                                          |                                    |                   |                              |                |                              |  |
| STREET                                                                                                                                                                                                                                                                                                  |                          |                                 |                        | CITY                               |                                                        |                                                                            |              | STATE                                                      |                       |                                       |                                                                                          | ZIP CODE                           |                   |                              |                |                              |  |
| LESSEE/REGISTRANT INFORMATION (OWNER OF PLATE)                                                                                                                                                                                                                                                          |                          |                                 |                        |                                    |                                                        |                                                                            |              |                                                            |                       | LEGAL STATUS <input type="checkbox"/> |                                                                                          | NAME CODE <input type="checkbox"/> |                   | MAO <input type="checkbox"/> |                | ILU <input type="checkbox"/> |  |
| NAME                                                                                                                                                                                                                                                                                                    |                          |                                 |                        |                                    | NAME                                                   |                                                                            |              |                                                            |                       |                                       |                                                                                          |                                    |                   |                              |                |                              |  |
| ADDRESS                                                                                                                                                                                                                                                                                                 |                          |                                 |                        |                                    | CITY                                                   |                                                                            |              |                                                            |                       | STATE                                 |                                                                                          |                                    |                   |                              | ZIP CODE       |                              |  |
| VEHICLE COST/TAX INFORMATION *(required for Title and Registration Transactions)                                                                                                                                                                                                                        |                          |                                 |                        |                                    |                                                        |                                                                            |              |                                                            |                       |                                       |                                                                                          |                                    |                   |                              |                |                              |  |
| SALE PRICE                                                                                                                                                                                                                                                                                              |                          | TRADE IN ALLOWANCE              |                        |                                    | TAXABLE AMOUNT                                         |                                                                            |              | SALES TAX PAID                                             |                       | *TAX EXEMPTION REASON/SALES TAX#      |                                                                                          |                                    |                   |                              |                |                              |  |
| DEALER NAME                                                                                                                                                                                                                                                                                             |                          |                                 |                        | DEALER ADDRESS                     |                                                        |                                                                            |              |                                                            |                       | DEALER #                              |                                                                                          |                                    |                   |                              |                |                              |  |
| *Required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title)                                                                                                                                                                                                      |                          |                                 |                        |                                    |                                                        |                                                                            |              |                                                            |                       |                                       |                                                                                          |                                    |                   |                              |                |                              |  |
| <input type="checkbox"/> LOST                                                                                                                                                                                                                                                                           |                          | <input type="checkbox"/> STOLEN |                        | <input type="checkbox"/> MUTILATED |                                                        | <input type="checkbox"/> RETURNED DUE TO NON DELIVERY                      |              | <input type="checkbox"/> ALTERED                           |                       | <input type="checkbox"/> ILLEGIBLE    |                                                                                          |                                    |                   |                              |                |                              |  |
| Under penalties of perjury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Vehicle Services Division or its assignees to determine the accuracy of the information provided by me or on my behalf. |                          |                                 |                        |                                    |                                                        |                                                                            |              |                                                            |                       |                                       |                                                                                          |                                    |                   |                              |                |                              |  |
| SIGNATURE OF CERTIFIER/OWNER<br>X                                                                                                                                                                                                                                                                       |                          |                                 |                        |                                    | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) |                                                                            |              |                                                            |                       | DATE                                  |                                                                                          |                                    |                   |                              |                |                              |  |
| INVOICE NUMBER                                                                                                                                                                                                                                                                                          |                          | COUNTY NAME                     |                        | CO NUMBER                          |                                                        | DATE OF APPLICATION                                                        |              | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) |                       |                                       |                                                                                          |                                    |                   |                              |                |                              |  |
|                                                                                                                                                                                                                                                                                                         |                          |                                 |                        |                                    |                                                        |                                                                            |              |                                                            |                       |                                       |                                                                                          |                                    |                   |                              |                |                              |  |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                         |                          |                                 |                        |                                    |                                                        |                                                                            |              |                                                            |                       |                                       |                                                                                          |                                    |                   |                              |                |                              |  |
| REGISTRATION FEE                                                                                                                                                                                                                                                                                        |                          | CREDIT                          |                        | LEASE FEE                          |                                                        | TRANSACTION FEE                                                            |              | ISSUANCE FEE                                               |                       | TITLE FEE                             |                                                                                          | TOTAL TAX COLLECTED                |                   |                              |                |                              |  |
| COMPUTATION OF<br><input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX                                                                                                                                                                                                                   |                          | SALES OR USE TAX                |                        | LOCAL RATE                         |                                                        | ADDITIONAL TAX                                                             |              | COLLECTED IN STATE OF                                      |                       | COUNTY WHEEL TAX                      |                                                                                          | CITY WHEEL TAX                     |                   |                              |                |                              |  |
| *SERVICE OPT FEE                                                                                                                                                                                                                                                                                        |                          | ORGAN DONOR                     |                        | POSTAGE                            |                                                        | VER                                                                        |              | ID/RESIDENCY VERIFICATION                                  |                       |                                       |                                                                                          | *TOTAL FEES COLLECTED              |                   |                              |                |                              |  |

**APPLICATION FOR TITLE AND REGISTRATION**

**PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION. FAILURE TO PROVIDE ALL INFORMATION MAY RESULT IN YOUR APPLICATION BEING RETURNED.**

Enter the appropriate code for the type of transaction desired (only one box is to be marked per transaction). \*If applying for a corrected registration to correct name or vehicle information, you must also apply for a corrected title by completing a separate application to correct that information.

- |                                                                                     |                                                                                                     |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| (N1-01) Title and Registration (transfer of ownership, new vehicle, new tag)        | (81-82) Placard Only (disability, 81 temporary, 82 permanent)                                       |
| (N2-02) Title and Registration (transfer of ownership, new vehicle, reassigned tag) | (25) Renewal Only                                                                                   |
| (N1-N2) Surety Bond (no ownership documents available)                              | (03) Registration Only (updating tag information, change of class)                                  |
| (07) Duplicate/Replacement Title (original lost, stolen, or mutilated)              | (17) Corrected Registration *(incorrect tag info current registration, correction, duplicate plate) |
| (07) Noting of Lien                                                                 | (04) Replacement Plate (lost, stolen, or mutilated-regular issue)                                   |
| (N5-05) Title Only                                                                  | (N1) Forced Registration (refer to clerk's manual for listings)                                     |
| (10) Reassignment with exchange of plates (old-new)                                 | (80) Temporary Operator Permit (refer to clerk's manual for listings)                               |
| (12) Surviving Spouse (within one year death of spouse)                             | (28) Re-assigned Registration (transferred un-expired tag on vehicle to another vehicle)            |
| (18) Correction of Title (owner name, vehicle info incorrect)                       | (14) Renewal Instant Print/Address Change                                                           |
| (20) Salvage (to rebuild vehicle)                                                   | (80-84) De-title Mobile Home                                                                        |
| (20) Non-Repairable (not drivable, parts only)                                      |                                                                                                     |

**OWNER INFORMATION**

- Legal Status-when ownership of a vehicle is more than one name, the "and", "or" code determines which signature(s) will be required to sell the vehicle or for other actions.
- Name code-if title is to be printed with one or more owners or a company enter the appropriate code number.
- Type or print owner and/or co-owner's name(s).
- Type or print owners complete residence/business address. Address must include the physical street address and mailing address (rural route and box number or post office box number if the applicant has no bona fide physical address).
- Type or print owner's County of Residence (see bottom page for list of County names).
- Type or print the date the vehicle was purchased.
- Enter the appropriate code.\*
  - \*If leased, type or print the name and complete address of the lessee in the section provided.
  - to indicate a different mailing address for local driver.
- \*Service Options box: enter the number that applies to you. Additional documentation may be required.
  - Military-you are a military person (leave earning statement (LES) & current stationing orders) required.
  - Restrictive - (departmental use only)
- Type or print a daytime phone number including area code where you can be reached between 8:00 a.m. and 4:30 CST.
- Placard No - \*Form RV-F1310301 must be supported and completed by a medical doctor licensed to practice medicine or a Christian Science Practitioner listed in the Christian Science Journal or attaching a current prescription disclosing the disability (refer to Bulletin and T.C.A. 55-21-108)
- Type or print the insurance \*policy number if you are applying for a salvage or non-repairable certificate.

**VEHICLE INFORMATION**

- Provide the vehicle information as it appears on the surrendered Certificate of Title or Manufacturer's Certificate of Origin, which includes make, model, year and body.
- List the appropriate code for title Brand:
 

|                     |                           |                         |
|---------------------|---------------------------|-------------------------|
| (N) new vehicle/MSO | (3) specially constructed | (B) combination (1 & 5) |
| (U) used vehicle    | (4) replica               | (C) combination (2 & 5) |
| (D) demonstrator    | (8) non-repairable        | (E) combination (3 & 5) |
| (1) rebuilt         | (5) methamphetamine       | (F) combination (4 & 5) |
| (2) flood damage    | (A) combination (D & 5)   | (G) combination (8 & 5) |
- List the appropriate code for Fuel Type-
 

|              |                   |
|--------------|-------------------|
| (1) gas      | (6) gasohol       |
| (2) diesel   | (9) other         |
| (3) electric | (7) flex fuel e85 |
| (4) propane  | (8) hybrid        |
| (5) kerosene | (9) other         |
- Type or print the title number and state in which you are surrendering to establish ownership in your name in the State of Tennessee.
- Type or print the vehicle use and vehicle type code (see T&R quick reference manual).
- Type or print the mileage at the time of transfer\*. List the appropriate code in the odometer indicator box.
 

|                |                                             |
|----------------|---------------------------------------------|
| (0) Actual     | (1) Over 10 years old/GVWR over 16,000 lbs. |
| (8) Not Actual | (9) In excess of mechanical limits          |

- Type or print appropriate color code(s) (see bottom page for list of color codes)
- Type or print the length and width of the Mobile Home.
- Vehicles over 16,000 lbs. should enter the number of axles and gross vehicle weight.
- \*Vehicle Trade-in Description - Type or print the make and year of the vehicle the license plate is being re-assigned from.
- Company Vehicle Number - enter the number if available provided by the business.

**PLATE INFORMATION**

- Type or print New plate information in spaces marked (1).
- Type or print Re-assigned Plate information in spaces marked (2). (\*make and year of vehicle must be entered in the vehicle information section)
- Type or print Temporary Operator Permit information in spaces marked (3).
- Type or print TDS Sticker information in the spaces marked (4)
- Type or print the number of seats in the space marked (5) (plate class is commercial).
- Type or print the zone in space marked (6) (plate is a zone or multi zone plate).
- Type or print the USDOT number in the space marked (7) (IRP registrant).
- Type or print the Motor Carrier number in space marked (8) (IRP registration).

**LIEN INFORMATION**

- If you have a lien (loan) on your vehicle, type or print the name and complete mailing address of your lienholder.
- Type or print the name and address of the second lienholder if you have more than one lienholder, title will be mailed to the first lienholder.

**LESSEE/REGISTRANT INFORMATION\***

- (1) Type or print the name and complete address including a contact telephone number of the Lessee registrant in the space provided.
- (2) If the registration is to be mailed to another person different than the owner enter the name and complete mailing address.

**VEHICLE COST/TAX INFORMATION**

- Type or print the total sale price of the vehicle, if applicable the trade-in value, taxable amount and total amount of sales tax paid.
- Type or print the dealer name and address along with the Motor Vehicle Commission Dealer assigned number if purchased from a dealership.
- Print or type a tax-exempt reason or sales tax #, evidence of exemption is required.
- Furnish Lessee Authorization Form sign by all parties.

**DUPLICATE TITLE**

\* A Duplicate Certificate of Title is issued if the original title has been lost, stolen, mutilated, altered, illegible or returned for non-delivery. Application for Duplicate Certificate of Title cannot be used to support an application for Noting of Lien. A Duplicate Title must be obtained prior to filing an application for Noting of Lien.

**SIGNATURES**

- All owners must sign this application when the legal status box has "1" (and)
- In the event someone signs this application other than the owner listed, a separate power of attorney must be attached.
- The authorized officer shall sign the business name and his/her signature.

**VEHICLE COLOR CODES**

|             |   |                   |   |              |   |                   |   |                 |   |                  |   |
|-------------|---|-------------------|---|--------------|---|-------------------|---|-----------------|---|------------------|---|
| Aluminum    | U | Bronze            | Z | Cream        | D | Ivory             | 3 | Pink            | J | Taupe (Brown)    | 8 |
| Beige       | V | Brown             | C | Gold         | E | Lavender (Purple) | 4 | Purple          | K | Teal (Green)     | 7 |
| Black       | A | Burgundy (Purple) | Y | Gray         | F | Maroon            | H | Red             | L | Turquoise (Blue) | T |
| Blue        | B | Camouflage        | 6 | Green        | G | Mauve (Purple)    | K | Silver          | M | White            | O |
| Blue, Dark  | W | Chrome            | Q | Green, Dark  | 1 | Multicolored      | 5 | Stainless Steel | S | Yellow           | P |
| Blue, Light | X | Copper            | R | Green, Light | 2 | Orange            | I | Tan             | N | Undefined        | 9 |

**COUNTY NAMES**

|            |              |               |             |              |              |               |               |            |               |              |               |
|------------|--------------|---------------|-------------|--------------|--------------|---------------|---------------|------------|---------------|--------------|---------------|
| Anderson-1 | Carroll-9    | Crockett-17   | Fentress-25 | Hamilton-33  | Hickman-41   | Lauderdale-49 | Madison-57    | Morgan-65  | Roane-73      | Stewart-81   | Warren-89     |
| Bedford-2  | Carter-10    | Cumberland-18 | Franklin-26 | Hancock-34   | Houston-42   | Lawrence-50   | Marion-58     | Obion-66   | Robertson-74  | Sullivan-82  | Washington-90 |
| Benton-3   | Cheatham-11  | Davidson-19   | Gibson-27   | Hardeman-35  | Humphreys-43 | Lewis-51      | Marshall-59   | Overton-67 | Rutherford-75 | Sumner-83    | Wayne-91      |
| Bledsoe-4  | Chester-12   | Decatur-20    | Giles-28    | Hardin-36    | Jackson-44   | Lincoln-52    | Mauzy-60      | Perry-68   | Scott-76      | Tipton-84    | Weakley-92    |
| Blount-5   | Claiborne-13 | DeKalb-21     | Grainger-29 | Hawkins-37   | Jefferson-45 | Loudon-53     | Meigs-61      | Pickett-69 | Sequatchie-77 | Trousdale-85 | White-93      |
| Bradley-6  | Clay-14      | Dickson-22    | Greene-30   | Haywood-38   | Johnson-46   | McMinn-54     | Monroe-62     | Polk-70    | Sevier-78     | Unicoi-86    | Williamson-94 |
| Campbell-7 | Cocke-15     | Dyer-23       | Grundy-31   | Henderson-39 | Knox-47      | McNairy-55    | Montgomery-63 | Putnam-71  | Shelby-79     | Union-87     | Wilson-95     |
| Cannon-8   | Coffee-16    | Fayette-24    | Hamblen-32  | Henry-40     | Lake-48      | Macon-56      | Moore-64      | Rhea-72    | Smith-80      | Van Buren-88 |               |

If you have questions call toll free (1-888-871-3171), from 8:00 a.m. to 4:30 p.m. CST Monday through Friday, or you may visit our Web site at <http://www.Tennessee.gov/revenue>.  
Closed Holidays.



**TENNESSEE DEPARTMENT OF REVENUE**  
**Odometer Disclosure Statement**

RV-F1317001 (Rev. 10-21)

**PURPOSE:** Federal and state law require both seller (transferor) and buyer (transferee) to accurately state the mileage of any used motor vehicle, with a manufacture year of 2011 or newer, in connection with the transfer of ownership whether sale, trade-in or exchange. Failure to complete or providing a false statement may result in fines and/or imprisonment.

**INSTRUCTIONS:** In Section A, the seller (transferor) prints their name on the line and checks one box that best applies. In Section B, the seller (transferor) and/or buyer (transferee) complete the required information, including the date of transaction.

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**SECTION A:**

I, \_\_\_\_\_  
SELLER OR TRANSFEROR'S NAME (PLEASE PRINT)

Certify to the best of my knowledge that the odometer reading on the vehicle described below is one of the following statements (check one):

- |                                                                                                                                                                                                   |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1. Actual Mileage of the vehicle, no discrepancies                                                                                                                                                | ODOMETER READING<br>(NO TENTHS) |
| 2. In Excess of Mechanical Limits: I hereby certify that the mileage stated is in excess of the mechanical limits of the odometer (check only if digits on odometer are impossible to determine). |                                 |
| 3. Not Actual Mileage - odometer reading is not the actual mileage. WARNING - Odometer Discrepancy form must be completed, or titling transaction will be delayed.                                |                                 |

EXEMPTIONS, as defined by NHTSA (National Highway Traffic Safety Administration), "a transfer of any of the following motor vehicles need not disclose the vehicle's odometer mileage under the following circumstances:

- a) Gross Vehicle Weight Rating of more than 16,000 pounds
- b) Vehicle not self-propelled
- c) Vehicle is model year 2010 or older
- d) Vehicle sold directly by the manufacturer to any agency of the United States in conformity with contractual specifications
- e) New vehicle prior to first transfer for purposes other than resale

**SECTION B:**

VIN: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Seller Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Seller Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Buyer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Buyer Name (Print): \_\_\_\_\_ Buyer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**TENNESSEE DEPARTMENT OF REVENUE**  
**Power of Attorney for Vehicle Transactions**

RV-F1311401 (Rev. 2-21)

**PURPOSE:** To appoint an individual or entity to manage vehicle transactions on the behalf of another individual. (Tenn. Code Ann. § 34-6-101 and 102). Dealers must use a secure power of attorney (RV-F1316901) to transfer ownership when the original certificate of title is not available for the owner to make an odometer disclosure as required by The Motor Vehicle Information & Cost Savings Act of 1986; 49CFR580.

**INSTRUCTIONS:** Please complete the document below in its entirety. **NOTE:** This document is void if any information has been left blank or if any information entered hereon has been erased or altered by any means.

**A. AFFIANT INFORMATION:**

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

I, \_\_\_\_\_, do hereby appoint \_\_\_\_\_  
(Name) (Name of Attorney-in-fact Representative)  
of \_\_\_\_\_  
(Business or Title Service, if applicable) (Street Address)  
\_\_\_\_\_  
(City) (State) (Zip Code) as my attorney-in-fact to sign my name

to all applicable documentation relative to any title or registration transactions for the vehicle described herein. I understand that these documents may contain the federally mandated odometer disclosure and that I am responsible for the disclosures made therein. This authority is limited to the vehicle listed below:

Make: \_\_\_\_\_ VIN: \_\_\_\_\_

Model: \_\_\_\_\_ Body Type: \_\_\_\_\_ Year: \_\_\_\_\_

**Check the appropriate box for each transaction type authorized:**

Duplicate Title

Noting of Lien

Request for Verification of Ownership on

Vehicles Found Abandoned, Immobile or

Unattended

Vehicle Information Request

Application for Title and Registration

Transfer of Title

Other (Specify): \_\_\_\_\_

The area below is to be completed by the party granting authority:

Individual

Business:

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
(Printed Name of Individual or Business Owner)

\_\_\_\_\_  
(Physical Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Email Address)

**B. ACKNOWLEDGMENT:**

**AFFIANT CERTIFICATION STATEMENT:** I, the undersigned affiant, hereby certify that the statements made herein are true and correct to the best of my knowledge, information and belief. Fraudulent statements made in this application could result in denial of this request and subject the signatory to criminal and civil penalties.

Affiant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Limited Power of Attorney

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

I, \_\_\_\_\_

hereby name and appoint \_\_\_\_\_

or \_\_\_\_\_

to act for me, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my name and sign their name in my behalf. My attorney-in-fact can also file for and collect any overpayment of fees and taxes from the state office to which said overpayment was remitted. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me in as sufficient a manner as I myself could do, were I personally present and signing the same.

With full power of substitution and revocation, I hereby ratify and confirm whatever my said attorney-in-fact may lawfully do or cause to be done in respect of registering or titling the below- referenced vehicle.

Year: \_\_\_\_\_ Make: \_\_\_\_\_ VIN: \_\_\_\_\_

Transferor's Signature: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ before me personally appeared

\_\_\_\_\_ whose identity was proven to be based on satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above document.

\_\_\_\_\_  
(Affix Seal Here)

**THIS FORM IS INVALID WITHOUT NOTARIZATION**