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

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

1. **Type of transaction(s):**

- ☐ Title and Transfer
- ☒ Title and Registration
- ☐ Title Only
- ☐ Duplicate Title
- ☐ Corrected Title
- ☐ Salvage Certificate
- ☐ Junking Certificate
- ☐ Plates Only
- ☐ Sticker Only
- ☐ Transfer Only
- ☐ Corrected ID Card
- ☐ Duplicate ID Card
- ☐ Set of Plates Replacement
- ☐ Sticker Replacement
- ☐ Reclass of License Plates
- ☐ Resale of License Plates
- ☐ Other:

2. Current Plate Number:

3. Plate Type Requested: MUNICIPAL

4. Exp. Month: Year:

5. OWNER INFORMATION

First: Last: DUPAGE COUNTY HIGHWAY DEPT Middle:

First: Last: Middle:

Residence/Business Street Address: 421 N COUNTY FARM RD

City: WHEATON STATE: IL ZIP: 60187

6232251776/

6. Owner 1 DL/FEIN #:

Owner 2 DL/FEIN #:

7. VEHICLE INFORMATION

Vehicle Identification Number (VIN): 1FMCU9G62NUC03757

VIN Second Stage Info.:

8. Purchase Date: 03/15/2023 (Month Day Year) New ☒ Used ☐

Year: 2022 Make: FORD Model: ESCAPE Body Style: UTILITY Color: BLK / BLK

9. Current Odometer Reading (No Tenths): 604

☒ Actual ☐ Not Actual
☐ In Excess of Mechanical Limits
☐ 10 yrs. or older (mileage not required)

Rebuilt ☐ Flood ☐ Other Branded Title ☐ State: MCY C.C. Mobile Home Sq. Ft. Rental ☐ Leased ☐

Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes ☐

Gross Weight (RV, RT, TRK, BUS, TRLR): 4500 For Hire ☐ # of Axles: 1

10. Surrender Title Number and State: #MCO State:

11. File Number:

12. Unit 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:

Street Address:

City: State: ZIP:

16. SECOND LIENHOLDER

Name:

Street Address:

City: State: ZIP:

17. TRANSFER INFORMATION

Year: Make/Model:

VIN:

18. SELLER'S INFORMATION *(INDIVIDUAL OR DEALERSHIP)*

Name: FRIENDLY FORD INC Dealer #: DL0003

Street Address: 333 E IRVING PARK RD

City: ROSELLE State: IL ZIP: 60172

19. BENEFICIARY

Name:

Street Address:

City: State/Country: ZIP:

20. REASON FOR REPLACEMENT PLATES/STICKER

☐ Lost ☐ Stolen ☐ Destroyed ☐ Requesting a Different Number ☐ 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: 962499653

$163.00

Circle Quarter: 1st 2nd 3rd 4th

22. Daytime Phone Number (optional):

23. Signature(s)

1. Signature on file SIGN HERE

2. SIGN HERE

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.

03/17/2023

OFFICE USE ONLY Verified by CRT ☐ I.D. ☐ REMITTER/DRIVER SERVICES FACILITY STAMP:

6232251776

CUSTOMER RECEIPT

Date:

Control #