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TENNESSEE DEPARTMENT OF REVENUE
VEHICLE SERVICES DIVISION
44 VANTAGE WAY, SUITE 160
NASHVILLE, TENNESSEE 37243-8050

TITLE ONLY VERIFICATION - IRP REGISTRATION

As provided by Tenn. Code Ann. § 55-3-101(b), I request permission to obtain a "title only" from _____ County to enable me to register this vehicle through the International Registration Plan.

_____ MAKE _____ MODEL _____ VEHICLE IDENTIFICATION NUMBER

OWNER: _____

Physical address of principal business location in Tennessee:

_____
Street City State Zip

Mailing address (if different from above): _____
Street City State Zip

Phone Number: _____

USDOT# _____ or IRP# _____

IF THE OWNER OF THE VEHICLE LEASES VEHICLES TO A LESSEE, THE MC# AND A COPY OF THE LEASE AGREEMENT BETWEEN THE OWNER AND THE LESSEE ***MUST BE ATTACHED*** *IN ORDER TO BE EXEMPT FROM SALES TAX MC#* _____

LESSEE: _____

Physical address of principal business location in Tennessee:

_____
Street City State Zip

Mailing address (if different from above): _____
Street City State Zip

Phone Number: _____

USDOT# _____ or IRP# _____

If a USDOT# or IRP account# cannot be provided, your application for title must be made to the IRP Unit along with applications for IRP license plates.

I certify under penalty of law that the statements made herein are true and accurate to the best of my knowledge and belief and that I am the owner or authorized agent of the business or the vehicle with a base of operation in Tennessee described herein to be titled and registered.

_____ Signature _____ Date

RV-F1310101 (Rev. 5-13)