

CALIFORNIA TRAILER

NOV 30 87 41 YH8124

VEH. ID.

APL2 135686

145X41259GL102427

MAKE MO.
HYUND SDYEAR MODEL SHOWN IS BASED ON MANUFACTURER AND DEALER REPRESENTATION
BODY TYPE MODEL CYLS. DATE FIRST SOLD CLASS *YR. YR MODEL TYPE VEH. MP

CARRIER

00/00/86 BL

86 41W 0

DATE ISSUED

04/03/87

AX WC UNLADEN
WEIGHT

2 H 08640

135686

TOTAL FEES

\$428

CERTIFICATE OF OWNERSHIP

REGISTERED OWNER
1. **AMER PRESIDENT INTERMODAL LTD**
1800 HARRISON ST

0100 5

OAKLAND CA 94612

WF
RF
LF
PEN
01
02
03
04
05
RT CLK
UT
TOT1. *Joni Mineishi*

SIGNATURE(S) RELEASES INTEREST IN VEHICLE (DATE)

UPON SALE, SELLER MUST SUBMIT NOTICE OF TRANSFER (REG. 138)

NOTE: Upon transfer or
sale, seller must enter
odometer reading here.

2. LIEN HOLDER

SIGNATURE(S) RELEASES INTEREST IN VEHICLE

DATE

T 48378823

IMPORTANT READ CAREFULLY: ANY CHANGE OF REGISTERED OR LEGAL OWNER MUST BE RECORDED WITH THE DEPARTMENT WITHIN 10 DAYS. THIS CERTIFICATE, THE LATEST REGISTRATION CARD AND TRANSFER FEE MUST BE PRESENTED TO THE DEPARTMENT TO RECORD THE TRANSFER OF OWNERSHIP.

DEALERS RELEASE OF ACQUIRED VEHICLE

DEALER
ONLY

NAME(S) OF DEALER(S) AND SIGNATURE OF PERSON SIGNING FOR DEALER(S)
DEALER NO.

DEALER NO.

RELEASE DATE

APPLICATION FOR TRANSFER OF NEW OWNER(S)

(Please type or print)

I/WE REQUEST NEW REGISTRATION AND OWNERSHIP CERTIFICATES TO BE ISSUED AS FOLLOWS:

| | | | | | | |
|-------------------------------------|---|------|-------|---------------|----------------|--|
| NEW REGISTERED OWNER | TRUE NAME(S) OF NEW REGISTERED OWNER(S) | | | PURCHASE DATE | | |
| | LAST | | FIRST | MIDDLE | | |
| | 5. A. AND <input type="checkbox"/> | | LAST | MIDDLE | PURCHASE PRICE | |
| | OR <input type="checkbox"/> | | | | | |
| | B. STREET OR P.O. BOX ADDRESS | | | | | |
| | 6. CITY | | STATE | ZIP CODE | COUNTY CODE | |
| | 7. A. SIGNATURE(S) OF NEW REGISTERED OWNER(S). | | | | | |
| | B. NAME OF NEW LIENHOLDER, FIRM OR INDIVIDUAL (LEGAL OWNER OR MORTGAGEE) DO NOT ENTER NAME OF REGISTERED OWNER(S) ABOVE. | | | | | |
| | 8. STREET OR P.O. BOX ADDRESS | | CITY | STATE | ZIP CODE | |
| | 9. ADDRESS OF NEW LESSEE IF DIFFERENT FROM LINE 6 ABOVE (WILL NOT BE PRINTED ON CERTIFICATE OF TITLE) | | CITY | STATE | ZIP CODE | |
| 10. STREET OR P.O. BOX ADDRESS | | CITY | STATE | ZIP CODE | | |