



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MOTOR VEHICLES



CERTIFICATE OF TITLE FOR A VEHICLE

KEEP IN SAFE PLACE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

THE DEPARTMENT OF MOTOR VEHICLES, COMMONWEALTH OF VIRGINIA, HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE HAS BEEN MADE FOR THE VEHICLE DESCRIBED HEREON PURSUANT TO THE PROVISIONS OF THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH. THAT THE APPLICANT NAMED ON THE FACE HEREON HAS BEEN DULY RECORDED AS THE LAWFUL OWNER OF SAID VEHICLE, AND THAT, FROM THE STATEMENTS OF THE OWNER AND THE RECORDS ON FILE WITH THIS DEPARTMENT, THE HEREON DESCRIBED VEHICLE IS SUBJECT TO THE SECURITY INTEREST RECORDS ON FILE WITH THIS DEPARTMENT, AND AS DESCRIBED HEREON, IF ANY. THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH ALSO PROVIDE THAT ALL TITLE AND REGISTRATION INFORMATION IN THE OFFICE OF THE DEPARTMENT OF MOTOR VEHICLES IS PRIVILEGED AND ONLY SUBJECT TO DISSEMINATION TO AUTHORIZED AGENCIES, BUSINESS ORGANIZATIONS OR AGENTS, GOVERNMENTAL ENTITIES AND INDIVIDUALS UNDER THE CONDITIONS SPECIFIED BY MOTOR VEHICLE CODE SECTIONS 46.2-208, 46.2-209 AND 46.2-210.

ESTABLISHED 01/02/13 799 EZFLET ORIGINAL

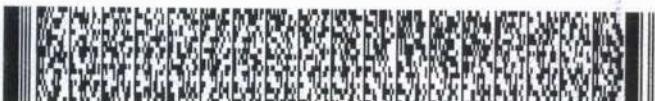
VEHICLE IDENTIFICATION NO. 1FUJA6CK07LX43566	YEAR 2007	MAKE FREIGHTLINER TRUCK TRACTOR	VEHICLE BODY 68042119	TITLE NO.			
EMPTY WGT. 12000	GROSS WGT. 40000	GVWR 52000	GCWR 2	AXLES DIESEL	FUEL SALES TAX PAID 86.40	ODOMETER EXEMPT	DATE ISSUED 08/03/23
OTHER PERTINENT DATA OS UNIT 6321				ODOMETER BRAND PRIOR TITLE NO.			

Names(s) and address(es) of vehicle owners:
**TFORCE FREIGHT INC
1000 SEMMES AVE
RICHMOND VA 23224-2265**

THIS IS NOT A TITLE NUMBER

G48915676

NO LIENS



<p>A Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. The undersigned hereby certifies that the vehicle described in this title has been transferred to the following (printed name and address of Buyer(s)).</p>	
<p>Buyer(s) Name _____ Street _____ City, State, Zip _____</p>	
<p>ODOMETER READING (No Tenths) _____</p>	
<p>I certify to the best of my knowledge that the odometer reading is: <input type="checkbox"/> ACTUAL Mileage <input type="checkbox"/> NOT ACTUAL Mileage (odometer discrepancy) <input type="checkbox"/> IN EXCESS of Mechanical Limits <input type="checkbox"/> Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)</p>	
<p>DATE OF SALE _____ SALE PRICE _____</p>	
<p>Signature of Seller(s) _____ Printed Name of Seller(s) _____ <i>Jerry Davis</i></p>	
<p>Signature of Buyer(s) _____ Printed Name of Buyer(s) _____ <i>Jerry Davis</i></p>	
<p>I am aware of the above odometer certification made by the Seller(s) _____</p>	
<p>I am aware of the above odometer certification made by the Seller(s) _____ Seller warrants this certificate of title except that at the time of transfer it may be subject to lien. See section F. Dealer's No. _____ Licensing Jurisdiction _____</p>	

RICHMOND VA 23224-2265
1000 SEMMES AVE
TFORCE FREIGHT INC



Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete the odometer disclosure statement or providing a false statement may result in fines and/or imprisonment.

DEALER REASSIGNMENT	I am aware of the dealer's odometer certification. Date of Sale _____	Sale Price _____				
	Buyer(s) Printed Name _____		Buyer(s) Signature _____			
Buyer(s) Address _____		City _____	State _____	Zip Code _____		
ODOMETER READING (No Tentshs)		I certify to the best of my knowledge that the odometer reading is: <input type="checkbox"/> ACTUAL Mileage <input type="checkbox"/> NOT ACTUAL Mileage (odometer discrepancy) <input type="checkbox"/> IN EXCESS of Mechanical Limits <input type="checkbox"/> Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)				
Dealer(s) Signature _____		Dealer(s) Printed Name _____	Dealer Number _____	Licensing Jurisdiction _____		
The dealer certifies that the vehicle described in this title was transferred to the above buyer and that the odometer reading has been disclosed to the buyer. Seller warrants this certificate of title except that at the time of transfer it may be subject to a lien. See section F.						
DEALER REASSIGNMENT	I am aware of the dealer's odometer certification. Date of Sale _____	Sale Price _____				
	Buyer(s) Printed Name _____		Buyer(s) Signature _____			
Buyer(s) Address _____		City _____	State _____	Zip Code _____		
ODOMETER READING (No Tentshs)		I certify to the best of my knowledge that the odometer reading is: <input type="checkbox"/> ACTUAL Mileage <input type="checkbox"/> NOT ACTUAL Mileage (odometer discrepancy) <input type="checkbox"/> IN EXCESS of Mechanical Limits <input type="checkbox"/> Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)				
Dealer(s) Signature _____		Dealer(s) Printed Name _____	Dealer Number _____	Licensing Jurisdiction _____		
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DEALER REASSIGNMENT	I am aware of the dealer's odometer certification. Date of Sale _____	Sale Price _____				
	Buyer(s) Printed Name _____		Buyer(s) Signature _____			
Buyer(s) Address _____		City _____	State _____	Zip Code _____		
ODOMETER READING (No Tentshs)		I certify to the best of my knowledge that the odometer reading is: <input type="checkbox"/> ACTUAL Mileage <input type="checkbox"/> NOT ACTUAL Mileage (odometer discrepancy) <input type="checkbox"/> IN EXCESS of Mechanical Limits <input type="checkbox"/> Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)				
Dealer(s) Signature _____		Dealer(s) Printed Name _____	Dealer Number _____	Licensing Jurisdiction _____		
The dealer certifies that the vehicle described in this title was transferred to the above buyer and that the odometer reading has been disclosed to the buyer. Seller warrants this certificate of title except that at the time of transfer it may be subject to a lien. See section F.						
PERSONAL PROPERTY TAX RELIEF	DOES YOUR VEHICLE QUALIFY FOR CAR TAX RELIEF?					
	If you can answer YES to any of the following questions, your motor vehicle is considered by State Law to have a business use and does NOT qualify for Personal Property Tax Relief.					
<ul style="list-style-type: none"> • Is more than 50% of the vehicle's annual mileage used as a business expense for federal income tax purposes OR reimbursed by an employer? • Is more than 50% of the depreciation associated with the vehicle deducted as a business expense for Federal Income Tax purposes? • Is the cost of the vehicle expensed pursuant to Section 179 of the Internal Revenue Service Code? • If the vehicle is leased by an individual, does the leasing company pay the tax without reimbursement from the individual? 						
This vehicle is for <input type="checkbox"/> Personal Use <input type="checkbox"/> Business Use Check one of the boxes. See business use criteria above.						
LIEN INF.	LIENOR'S NAME _____		LIENOR CODE _____	DATE OF LIEN _____		
	ADDRESS _____		CITY _____	STATE _____ ZIP _____		
G	VEHICLE COLOR: _____		REGISTRATION PERIOD: <input type="checkbox"/> 1 YR <input type="checkbox"/> 2 YRS (\$2 discount) <input type="checkbox"/> 3 YRS (\$3 discount) (Emissions areas not eligible for 3 YR registration)			
	INSURANCE CERTIFICATION: A vehicle must be insured with liability coverage when it is registered, and it must remain insured while registered, whether or not it is operated, OR the uninsured motor vehicle fee must be paid. Penalties are severe for violation of this requirement.					
I/We certify that (check one): <input type="checkbox"/> This vehicle is insured by a liability policy issued through an insurance company licensed to do business in Virginia and it will remain insured while registered, whether or not it is operated. Provide name of insurance company _____ <input type="checkbox"/> This vehicle is not insured; therefore, I am remitting the applicable uninsured motor vehicle fee. (This fee provides no insurance coverage.)						
POWER OF ATTORNEY FOR NON-RESIDENT(S) AND CORPORATION(S) NOT DOMICILED IN VIRGINIA: Pursuant to the provisions of Virginia Code §46.2-601, I/we appoint the Commissioner of the Department of Motor Vehicles of the Commonwealth of Virginia, to be my/our true and legal agent upon whom all legal processes against me/us may be served in any legal proceeding arising from the operation and/or use of any motor vehicle registered in my/our name(s) in the Commonwealth of Virginia. I/we agree that any lawful process or notice to me/us which is served on the Commissioner shall have the same legal effect as if served on me/us within the Commonwealth of Virginia.						
PRIVACY NOTICE: The information, including Social Security Number, is requested in accordance with Virginia Code §§46.2-623 and 46.2-629. Any person who refuses to supply the required information will be denied a certificate of title and/or registration. Title and registration records may be disseminated in accordance with §§46.2-208 through 46.2-214, to business, law enforcement or authorized government entities.						
CERTIFICATION OF BUYER	NO PAPER TITLE - Check this box <input type="checkbox"/> if you do not want a paper title issued to you. An electronic Certificate of Title will remain on the file for this vehicle at DMV.					DMV USE ONLY
	If this application is for joint ownership, do you wish clear rights of ownership to be transferred to the surviving owner in the event of the death of either the owner or co-owner? <input type="checkbox"/> YES <input type="checkbox"/> NO					SALE PRICE \$ _____ (BEFORE TRADE IN ALLOWANCE)
	Are any of the vehicle owners on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO					TAX \$ _____ (MINIMUM TAX MAY APPLY)
	I/We certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my/our knowledge. I/We understand it is unlawful to knowingly make a false statement and any violation may be prosecuted as a felony as provided in Virginia law.					TITLE FEE \$ _____
	SIGNATURE OF APPLICANT		DATE			TRANSFER FEE \$ _____
	SOCIAL SECURITY NUMBER/FEIN OR CUSTOMER IDENTIFIER OF APPLICANT		PHONE NUMBER ()			REG FEE \$ _____
	STREET ADDRESS					WT INCREASE FEE \$ _____
	CITY _____		STATE _____	ZIP _____	PERSONALIZED PLATE FEE \$ _____	
	EMAIL ADDRESS OF APPLICANT					UMV FEE \$ _____
	SIGNATURE OF CO-APPLICANT		DATE			OTHER \$ _____
SOCIAL SECURITY NUMBER/FEIN OR CUSTOMER IDENTIFIER OF CO-APPLICANT		PHONE NUMBER ()			TOTAL \$ _____	
EMAIL ADDRESS OF CO-APPLICANT						
VEHICLE PRINCIPALLY GARAGED IN CITY, TOWN, COUNTY OR STATE OF <input type="checkbox"/> CITY OR TOWN OF _____ <input type="checkbox"/> COUNTY OF _____						
YES <input type="checkbox"/> NO <input type="checkbox"/> Brief of Address (recently print document presented)						