



STATE OF CALIFORNIA  
**SPECIALY CONSTRUCTED VEHICLE (SPCNS)  
 CERTIFICATE OF SEQUENCE**

**Sequence Number**  
**2022523**

(1) REGISTERED OWNER'S NAME (LAST, FIRST, MIDDLE)	VEHICLE ID NUMBER <b>SADF123</b>		
(2) REGISTERED OWNER'S NAME (LAST, FIRST, MIDDLE)	TI <b>8</b>	N <b>123</b>	LICENSE PLATE
RESIDENCE OR BUSINESS ADDRESS <b>5</b>	MAKE <b>SPCNS</b>	YR FIRST SOLD <b>1011</b>	BTM <b>CP</b>
CITY, STATE, ZIP CODE <b>, CA 92618</b>	DRIVER LICENSE/ID CARD NUMBER		
REPORTING UNIT NUMBER <b>134</b>	DATE ISSUED, TECHNICIAN ID NUMBER <b>JUG 0 8 2022 35</b>	REGISTERED OWNER'S TELEPHONE NUMBER	

**NOTE:**

- Vehicle Code Section 580 defines a Specially Constructed Vehicle (SPCNS) as a vehicle built for private use, not for resale, and is not constructed by a licensed manufacturer or remanufacturer. An SPCNS vehicle may be built from a kit, new or used, or a combination of new and used parts, or a vehicle reported for dismantling, which, when reconstructed, does not resemble the original make of the vehicle dismantled. An SPCNS vehicle is NOT a vehicle which has been repaired or restored to its original design simply by replacing parts.

- The Certificate of Sequence is issued to the registered owner(s) of a vehicle, and is only valid for the initial registration. THE CERTIFICATE IS NON-TRANSFERABLE.
- The certified copy of this document must be submitted to the Bureau of Automotive Repair (BAR) upon request.

All documents, including the SPCNS Certificate of Sequence, are required to complete the registration documentation process.

If it is determined during the inspection processes conducted by the Department of Motor Vehicles (DMV), California Highway Patrol (CHP), and/or BAR that this vehicle does not meet the definition of a SPCNS, nor does it meet the criteria requirements for a Certificate of Sequence under Senate Bill 100 (Statutes of 2002), the registration application will be denied and this certificate will be null and void.

By accepting this certificate for the above described vehicle, the registered owner accepts all terms with which the certificate is issued.





**APPLICATION FOR ASSIGNED VEHICLE IDENTIFICATION NUMBER PLATE**

DMV USE ONLY ID REQUIRED FOR ALL VIN PLATE ASSIGNMENTS		
DRIVER LICENSE OR ID CARD OF PERSON PRESENTING THE APPLICATION AND VEHICLE	STATE	TECH. INITIALS

**VEHICLE INFORMATION (APPLICANT COMPLETES THIS SECTION)**

**NOTE: For trailer VIN assignments – the primary location of the VIN placement by DMV is on the right side of the tongue (drawbar) near the body; the secondary location is on the metal frame near the front right corner.**

CALICENSE PLATE NUMBER	MAKE	YEAR MODEL	IDENTIFICATION NUMBER, IF ANY (FROM DOCUMENTS)	ENGINE NUMBER, IF ANY (FROM DOCUMENTS)
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EXPLAIN REASON FOR REQUEST FOR ASSIGNED NUMBER (E.G., *HOMEMADE TRAILER, ETC.*) OR REFERRAL

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I am the lawful owner of or have a lien against the above described vehicle. 0 at 1 am

APPLICANT'S SIGNATURE	PRINTED NAME	DATE
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**DMV USE ONLY – DMV REFERRAL TO CALIFORNIA HIGHWAY PATROL (CHP) (IF REFERRED TO CHP – CALL FOR AN APPOINTMENT)**

**NOTE: CHP will not affix a VIN plate to a vehicle that is not completely assembled. This original form must be returned to DMV after completion by CHP.**

REIPT NO. - OFC. ID./WORK DATE/TECH. ID./SEQ. NO.	REASON FOR REFERRAL
48200115300000971320	SPUC'S
PRICE 48	DATE 7/13/22

AXLES	GVWR (PICKUPS)	EST. WEIGHT (TRLS.)	CMP/CCH/MTR/HM (TRLS.)
2			
VIN PLATE AFFIXED TO FRAME		VIN PLATE AFFIXED TO ENGINE	

US FEDERAL CERTIFICATION LABEL INDICATES (24 MODEL YEARS OLD AND NEWER):

Vehicle complies with US Federal Motor Vehicle Safety Standards (US FMVSS).

Name of vehicle importer (Enter name of importer in "COMMENTS" below).

Label indicates vehicle conforms with safety requirements of a country other than US.

**ODOMETER MILEAGE READING**  
Record mileage exactly as shown on vehicle odometer.

0	0	0	0	0	1	10 tenths	<input checked="" type="checkbox"/> miles	<input type="checkbox"/> 5-digit odometer
							<input type="checkbox"/> kilometers	<input type="checkbox"/> 6-digit odometer
								<input checked="" type="checkbox"/> digital display

SUPPORTING DOCUMENTS

Agrees with VIN  Disagrees with VIN  No VIN on Documents  None  See COMMENTS

CHECK BOX IF ORIGINAL VIN RESTORED TO VEHICLE  REPLICA  Yes  No

EMISSION LABEL INDICATES

Vehicle meets US EPA standards only.  Vehicle meets California standards only.

Vehicle meets US EPA standards and California standards.  Vehicle meets California standards for Off-Highway Vehicles (OHVs).

Engine displacement less than 50 cubic centimeters.  None  See COMMENTS

COMMENTS: *OK TO PROCESS, SUPERFORMANCE SHELBY COBRA REPLICIA WITH ROUSH 427EA ENGINE AND 5 SPD TREMEC MANUAL TRANS*

FOR BODY TYPE MODEL "VA" (ALL OTHER) DESCRIBE VEHICLE

I certify that I physically inspected the above described vehicle. If a VIN was assigned, I did affix the numbered VIN plate(s) to that vehicle.

DMV EMPLOYEE OR CHP OFFICER'S SIGNATURE	PRINTED NAME	TITLE/ID OR BADGE NO.	OFFICE	DATE
X	T. HAMMAN	19404	675	07/14/22

SPCN#

TO OBTAIN A TITLE OR REGISTRATION CARD, MAIL THE ATTACHED DOCUMENTS AND REQUESTED ITEMS TO: DMV, PO BOX 942869, SACRAMENTO, CA 94269-0001. PENALTIES ARE DUE IF RENEWAL FEES ARE PAID AFTER THE EXPIRATION DATE. PLANNED NON-OPERATION (PNO) REQUESTS MUST BE SUBMITTED WITHIN 90 DAYS OF THE EXPIRATION DATE (ON OR BEFORE THE EXPIRATION DATE FOR OFF-HIGHWAY VEHICLES) OR ALL FEES AND PENALTIES ARE DUE. FOR A DMV OFFICE APPOINTMENT, GO ONLINE AT WWW.DMV.CA.GOV OR CALL 1-800 777-0133.

SMOG INSPECTION/CERTIFICATION REQUIRED

\* \* \*

IN ORDER TO COMPLETE THIS SPECIAL CONSTRUCTION APPLICATION. THE FOLLOWING ITEMS MUST BE COMPLETED

\* \* \*

ONCE YOU HAVE RECEIVED YOUR SPCN NUMBER FROM SACRAMENTO DMV PLEASE CONTACT THE BAR AGENCY AT 800-622-7733 FOR APPT

\* \* \*

BRING DOCUMENTATION FROM BAR AGENCY FOR SMOG

008 4 00 \* \* \*

REPORT OF DEPOSIT OF FEES PAGE 1 OF 1



\* INCOMPLETE APPLICATION\*\*SEE ABOVE\*\*THIS IS NOT AN OPERATING PERMIT \*

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
SPCN		2022	MA	110	00	
BODY TYPE MODEL	MP	MO			VEHICLE/VESSEL ID NUMBER	
CP	G	DG				5
TYPE VEHICLE/VESSEL USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		
AUTOMOBILE	07/22/22	30	07/22/22	0		

RDF REASONS: 0 Z Z Z

AMOUNT PAID \$ 1153.00

	AMOUNT DUE	AMOUNT RECVD
O	\$ 1133.00	CASH
CA		CHCK
	92619	CRDT 1153.00
	ADJUST-OVER	20.00

L / O

***SUPERFORMANCE, LLC***

**STATEMENT OF ORIGIN  
FOR A MKIII COMPONENT VEHICLE**

The undersigned authorized representative of **Superformance, LLC** hereby certifies that the new MKIII Component Vehicle consisting of the parts and components listed on invoice 17946, and described below, is the property of **Superformance LLC** and has been transferred on the date hereof to:

H

Date:	<b>October 19, 2021</b>	Invoice No.:	<b>17946</b>
Make:	<b>Superformance</b>	Ship Weight	<b>2050lbs</b>
Model:	<b>MKIII</b>	Body Type:	<b>2D (Vintage Sport)</b>
Model Year:	<b>1965</b>	Chassis No.:	

The MKIII Series Component Vehicle is sold by Superformance, LLC without engine or transmission.

**SUPERFORMANCE, LLC FURTHER CERTIFIES THAT THIS WAS THE FIRST TRANSFER OF SUCH NEW MKIII SERIES COMPONENT VEHICLE IN ORDINARY TRADE AND COMMERCE.**

Superformance, LLC

By: \_\_\_\_\_

(Authorized Representative)

I Whatney

Irvine, California 92618

Each undersigned seller certifies to the best of his knowledge, information and belief under penalty of law that the Series Component Vehicle described on the front of this document is new and has not been registered in this or any state at the time of delivery and warrants title to the component vehicle.

### FIRST ASSIGNMENT

FOR VALUE RECEIVED, the undersigned hereby transfers this Statement of Origin and the Component Vehicle described therein, to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

And certifies that the component vehicle is new and has not been registered in this or any other state, he also warrants the title of said vehicle at time of delivery, subject to the liens and encumbrances. If any, as set out below.

Amount of lien	Date	To Whom Due	Address

Transferred on: 4-21-2022 By (Company): \_\_\_\_\_

Position: SALES MANAGER License No: 80370

Transferor(Name): \_\_\_\_\_ Signature: \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who by me being dully sworn upon oath that

the statements set forth above are true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public for \_\_\_\_\_ County,  
State of \_\_\_\_\_ Notary Seal

### SECOND ASSIGNMENT

FOR VALUE RECEIVED, the undersigned hereby transfers this Statement of Origin and the Component Vehicle described therein, to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

And certifies that the component vehicle is new and has not been registered in this or any other state, he also warrants the title of said vehicle at time of delivery, subject to the liens and encumbrances. If any, as set out below.

Amount of lien	Date	To Whom Due	Address

Transferred on: \_\_\_\_\_ By (Company): \_\_\_\_\_

Position: \_\_\_\_\_ License No: \_\_\_\_\_

Transferor(Name): \_\_\_\_\_ Signature: \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who by me being dully sworn upon oath that

the statements set forth above are true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public for \_\_\_\_\_ County,  
State of \_\_\_\_\_ Notary Seal



# APPLICATION FOR TITLE OR REGISTRATION

FOR ACCURACY, PLEASE PRINT LEGIBLY. COMPLETE BOTH SIDES.

## SECTION 1 — VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER			VEHICLE MAKE	YEAR MODEL	FUEL TYPE
			SPCNS	2022	GAS
CALIFORNIA LICENSE PLATE NUMBER	MODEL OR SERIES	BODY TYPE MODEL	MOTORCYCLE ENGINE NUMBER		

TYPE OF VEHICLE (CHECK ONE BOX)  
 Auto    Commercial    Motorcycle    Off Highway    Trailer Coach  
(includes truck or pickup)

FOR TRAILER COACHES ONLY  
 LENGTH \_\_\_\_\_ IN.   WIDTH \_\_\_\_\_ IN.

Will this vehicle be used for the transportation of persons for hire, compensation, or profit (e.g. limousine, taxi, bus, etc.)?....    Yes    No  
 Is this a commercial vehicle that operates at 10,001 lbs. or more (or is a pickup exceeding 8,001 lbs. unladen and/or 11,499 lbs. Gross Vehicle Weight Rating (GVWR))?.....    Yes    No

**IMPORTANT:** If yes, a Declaration of Gross Vehicle Weight/Combined Gross Vehicle Weight (REG 4008) form must be completed.  
 If yes, a Motor Carrier Permit may be required. Refer to [www.dmv.ca.gov](http://www.dmv.ca.gov) for more information.

FOR COMMERCIAL VEHICLES ONLY    Actual  
 Number of axles: \_\_\_\_\_ Unladen weight: \_\_\_\_\_    Estimated (Vehicles over 10,001 lbs. only)

## SECTION 2 — OWNER INFORMATION *Each owner must sign on reverse side.*

Once registered, upon transfer of ownership, co-owners joined by "AND" require the signature of each owner; co-owners joined by "OR" require the signature of only one owner.

TRUE FULL NAME OF OWNER (LAST, FIRST MIDDLE, SUFFIX), BUSINESS NAME, OR LESSOR	DRIVER LICENSE/ID CARD NUMBER	STATE
		CA
TRUE FULL NAME OF CO-OWNER OR LESSEE (LAST, FIRST, MIDDLE, SUFFIX) <input type="checkbox"/> AND <input checked="" type="checkbox"/> OR	DRIVER LICENSE/ID CARD NUMBER	STATE
		CA
TRUE FULL NAME OF CO-OWNER OR LESSEE (LAST, FIRST, MIDDLE, SUFFIX) <input type="checkbox"/> AND <input type="checkbox"/> OR	DRIVER LICENSE/ID CARD NUMBER	STATE

PHYSICAL RESIDENCE OR BUSINESS ADDRESS (INCLUDE ST., AVE., CT., ETC.)   APT./SPACE/STE. NO.   CITY   STATE   ZIP CODE  
 \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_   CA   92690

COUNTY OF RESIDENCE OR COUNTY WHERE VEHICLE/VESSEL IS PRINCIPALLY GARAGED   EQUIPMENT NUMBER (OPTIONAL)  
 \_\_\_\_\_   \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS ABOVE)   APT./SPACE/STE. NO.   CITY   STATE   ZIP CODE

LESSEE ADDRESS (IF DIFFERENT FROM ABOVE)   APT./SPACE/STE. NO.   CITY   STATE   ZIP CODE

TRAILER COACH ONLY - ADDRESS WHERE LOCATED (IF DIFFERENT FROM PHYSICAL ABOVE)   CITY   STATE   ZIP CODE

## SECTION 3 — LEGAL OWNER (LIEN HOLDER/TITLE HOLDER) *If None, must write "None"*

Attention ELT Legal Owners: The ELT name and address and ELT number MUST be entered exactly as shown on the ELT listing.

TRUE FULL NAME OF BANK/FINANCE COMPANY OR INDIVIDUAL (DO NOT RE-ENTER NAME OF NEW REGISTERED OWNER(S) ABOVE)	ELECTRONIC LIENHOLDER ID NO.
NONE	ELT
PHYSICAL RESIDENCE OR BUSINESS ADDRESS (INCLUDE ST., AVE., CT., ETC.)   APT./SPACE/STE. NO.   CITY   STATE   ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS ABOVE)   APT./SPACE/STE. NO.   CITY   STATE   ZIP CODE	

## SECTION 4 — ODOMETER INFORMATION

The odometer reading:    upon date of purchase in California was    as of this date is (if no change in ownership)  
 \_\_\_\_\_ , \_\_\_\_\_ 2 \_\_\_\_\_ 5  (no tenths)   If kilometers miles, check this box:   
 and to the best of my knowledge reflects the ACTUAL mileage unless one of the following statements is checked.

### WARNING — ODOMETER DISCREPANCY

Odometer reading is NOT the actual mileage    Mileage EXCEEDS the odometer mechanical limits  
 Explain odometer discrepancy: \_\_\_\_\_

**MUST COMPLETE VEHICLE INFORMATION BELOW:**

VEHICLE IDENTIFICATION NUMBER	VEHICLE MAKE	YEAR MODEL
3	SPCNS	2022

**SECTION 5 — DATE INFORMATION**

DATE VEHICLE ENTERED OR WILL ENTER CALIFORNIA (CA): *If vehicle was previously registered in CA, then registered or located out-of-state and has now returned to CA, enter most recent date vehicle entered CA. If you did not own vehicle at time of entry, check this box:*   
 Month 07 Day 06 Year 2022

DATE VEHICLE FIRST OPERATED IN CALIFORNIA: *Or enter date vehicle will be operated, if it has not been operated yet.*  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

DATE YOU WENT TO WORK IN CALIFORNIA, OBTAINED A CADRIVER LICENSE, OR BECAME A RESIDENT: *Enter the date whichever occurred first. If you have been a resident since birth, enter date of birth. If you are not a CA resident, check this box:*   
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

DATE VEHICLE WAS PURCHASED OR ACQUIRED: *AND WAS (CHECK BOX):*  New  Used *AND WAS PURCHASED (CHECK BOX):*  Inside CA  Outside CA  
 Month 07 Day 06 Year 2022

**SECTION 6 — COST INFORMATION**

**NOTE:** The total cost or value of the vehicle must include the cost of the basic vehicle, value of any trade-in, and all accessories and leased equipment permanently attached. Cost does not include sales tax, insurance, finance charges, or warranty.

**MUST CHECK ONE BOX ONLY, AND ENTER REQUIRED INFORMATION FOR THAT ONE BOX:**

PURCHASE – I purchased the vehicle for the price of \$ 127,957.00

GIFT – I acquired the vehicle as a gift. Its current market value is \$ \_\_\_\_\_  
*A Statement of Facts (REG 256) form must be completed.*

TRADE – I acquired the vehicle as a trade. Its value when I acquired it was \$ \_\_\_\_\_

VEHICLE WAS PURCHASED OR ACQUIRED FROM:  
 Dealer  Private Party  Dismantler  
 Immediate Family Member – State Relationship:

FOR ALL VEHICLES:  
 Since purchasing or acquiring this vehicle, were any body type modifications, additions and/or alterations (e.g., changing from pickup to utility, etc.) made to this vehicle? *If yes, a Statement of Construction (REG 5036) form must be completed.....*  Yes  No

FOR REVIVED JUNK OR REVIVED SALVAGE VEHICLES:  
 The cost of the vehicle must include the labor cost, whether or not the labor was provided or done by you. The total cost of the vehicle including labor is \$ \_\_\_\_\_

**SECTION 7 — FOR OUT-OF-STATE OR OUT-OF-COUNTRY VEHICLES**

For vehicles which enter the state within 1 year of purchase, was Sales Tax paid to another state? .....  N/A  Yes  No  
 If yes, enter amount of tax paid \$ 9 916.00 (this amount will be credited toward any Use Tax in CA). If your vehicle was last registered in another state, you may be eligible for a Use Tax exemption. For more information, contact the CA Department of Tax and Fee Administration ([www.cdtfa.ca.gov](http://www.cdtfa.ca.gov)).

For commercial vehicles (including pickups), this vehicle was last registered as a:  Commercial Vehicle  Non-commercial Automobile in the last state of registration.

DISPOSITION OF OUT-OF-STATE PLATES:  
 The plates will not be affixed to any vehicle at any time, unless the vehicle is "Dual Registered" in both states. The plates are:  
 Expired, or will be or were:  
 Surrendered to CA DMV  Destroyed  Retained  Returned to the motor vehicle department of the state of issuance.

**SECTION 8 — MILITARY SERVICE INFORMATION**

Are you or your spouse on active duty as a member of the U.S. Uniformed Services?.....  Yes  No  
 If yes, you may qualify for an exemption. Refer to Nonresident Military (NRM) Vehicle License Fee Exemption (REG 5045) form.

When this vehicle was last licensed, were you or your spouse on active duty as a member of the U.S. Uniformed Services?..  Yes  No  
 If yes, in what state or country were you or your spouse stationed? \_\_\_\_\_

**SECTION 9 — CERTIFICATIONS *Signatures required.***

The signature for a company or business MUST include the printed name of the company/business and an authorized representative's countersignature on the signature line (e.g., ABC CO. by JOHN SMITH or JOHN SMITH for ABC CO.).  
 The registered owner mailing address is valid, existing, and an accurate mailing address. I consent to receive service of process at this mailing address pursuant to CVC §1808.21.

**I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

PRINTED NAME \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

DATE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_

**X**



# STATEMENT OF CONSTRUCTION

Sections 1 through 5 and 8 must be completed for assembled trailers weighing less than 6,000 pounds. Complete both sides of form for all other vehicle types.

## SECTION 1: VEHICLE DESCRIPTION

IDENTIFICATION NUMBER <u>9035</u>	ENGINE YEAR MODEL <u>2022</u>	MOTORCYCLE ENGINE NUMBER
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## SECTION 2: CONSTRUCTION OF VEHICLE

This vehicle/trailer was primarily assembled:

- by me  
 for me by:

<u>20</u> CITY	STATE <u>CA</u>	ZIP CODE <u>92867</u>	TELEPHONE NUMBER <u>      </u>
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## SECTION 3: COMPONENT PART(S) INFORMATION

Accompanying the application are bills of sale for the following major component parts:  
(Check applicable boxes)

- Engine     Transmission     Frame     Body

## SECTION 4: STATEMENT OF FACTS

Explanation of how I came into possession of major component parts listed above, for which I am unable to provide evidence of purchase (bills of sale, invoices, etc.)

## SECTION 5: COST INFORMATION AND VEHICLE VALUE

Purchase price of the unassembled kit .....	\$	_____
Purchase price of the partially assembled vehicle (body/frame) .....	\$	<u>79,305<sup>00</sup></u>
Purchase price of the completely assembled vehicle .....	\$	_____
Purchase price of the new and/or used component parts .....	\$	_____
Cost of the frame (if purchased separately) .....	\$	_____
Cost of the engine (if applicable) .....	\$	<u>48,652<sup>00</sup></u>
Cost of the installation of the transmission/engine (if applicable) .....	\$	_____
Value of parts <b>not</b> supported by bills of sale or invoices .....	\$	_____
<b>Total value of the vehicle (including labor) .....</b>	<b>\$</b>	<u>127,957<sup>00</sup></u>

IDENTIFICATION NUMBER	ENGINE YEAR MODEL 2008	MOTORCYCLE ENGINE NUMBER
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**SECTION 6: PURCHASE AND INSTALLATION OF MAJOR COMPONENT PARTS**

**I purchased and/or acquired the engine from:**

NAME OF PERSON, COMPANY, OR AGENT OF COMPANY

RESIDENCE OR BUSINESS ADDRESS

CITY ORANGE	STATE CA	TELEPHONE NUMBER
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**I purchased and/or acquired the transmission from:**

NAME OF PERSON, COMPANY, OR AGENT OF COMPANY

VIS AUTOMOTIVE  
RESIDENCE OR BUSINESS ADDRESS

CITY ORANGE	STATE CA	TELEPHONE NUMBER
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**I purchased and/or acquired the frame from:**

NAME OF PERSON, COMPANY, OR AGENT OF COMPANY

RESIDENCE OR BUSINESS ADDRESS

CITY IRVINE	STATE CA	TELEPHONE NUMBER
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**I purchased and/or acquired the body from:**

NAME OF PERSON, COMPANY, OR AGENT OF COMPANY

RESIDENCE OR BUSINESS ADDRESS

CITY IRVINE	STATE CA	TELEPHONE NUMBER
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**SECTION 7: DELIVERY OF COMPLETE VEHICLE**

**I took possession of the completely assembled vehicle on:**

DATE (MMDDYYYY)

9-7-2008

**I took possession from:**

NAME OF PERSONS, COMPANY OR AGENT OF COMPANY

**I took possession at the following address:**

CITY ORANGE	STATE CA
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**SECTION 8: OWNER'S SIGNATURE AND CERTIFICATION**

*To the best of my knowledge, I certify that all of the equipment used to assemble this vehicle is in conformance with any applicable federal motor vehicle safety standards. I also further agree to indemnify and save harmless the Director of Motor Vehicles of the State of California for any loss suffered resulting from the registration/or identification of the above described vehicle in California or from the issuance of a California certificate of ownership covering the same. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

**COMPLETE IN FULL BELOW**

FIRST NAME

MIDDLE NAME

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE CA	ZIP CODE 0
E NUMBER	

CERTIFICATE OF COMPLIANCE-LAMP ADJUSTMENT



BUREAU OF  
AUTOMOTIVE  
REPAIR

LA 3742607

VEHICLE IDENTIFICATION OR REGISTRATION NO.

535

PURPOSE OF CERTIFICATION

- Lamp Adjustment
- Approved Lighting Equipment
- Lighting System Repair
- Clearance of Enforcement Document #
- Registration of Reconstructed Vehicle

TYPE OF AIMER USED

- Mechanical
- Optical
- Screen

Boxes Checked Below Identify Additional Lamp Equipment Inspected or Repaired

- CLEARANCE LAMPS
- LAMP TYPE SIGNAL
- SEMAPHORE TYPE SIGNALS
- WARNING LAMPS
- REAR LAMPS
- STOP LAMPS
- REFLECTORS
- LICENSE PLATE LAMPS
- IDENTIFICATION LAMPS
- SIDE LAMPS
- SPOT LAMPS
- BACK-UP LAMPS

All items checked above are of an approved type and I have performed the applicable inspection, adjustment, or repair as specified by the Bureau of Automotive Repair and the vehicle manufacturer, and in accordance with Title 13 and Title 16 of the California Code of Regulations, the Vehicle Code, and the Business and Professions Code. I hereby certify under penalty under the laws of the State of California that the above is true and correct.

ADJUSTER'S SIGNATURE *[Signature]*

DATE OF ISSUANCE 7-7-2022

ADJUSTER'S LICENSE NO. LA 093618A

STATION LICENSE NO. LS206678

This certificate must be issued on the date of inspection and is valid for 90 days after issuance.

L-91 (Rev. 4/99)

- SERVICE BRAKE
- PARKING BRAKE
- LINING AND DRUMS/RO

Road Test

Vehicle Type

All items checked above are of an approved type and I have performed the applicable inspection, adjustment, or repair as specified by the Bureau of Automotive Repair and the vehicle manufacturer, and in accordance with Title 13 and Title 16 of the California Code of Regulations, the Vehicle Code, and the Business and Professions Code. I hereby certify under penalty under the laws of the State of California that the above is true and correct.

ADJUSTER'S SIGNATURE *[Signature]*

DATE OF ISSUANCE 7-7-2022

ADJUSTER'S LICENSE NO. LA 093618C

STATION LICENSE NO. LS206678

This certificate must be issued on the date of inspection and is valid for 90 days after issuance.

B-91 (Rev. 4/99)



# INVOICE

**INVOICE #**  
**DATE** 09/16/2021  
**DUE DATE** 09/16/2021  
**TERMS** Due on receipt

**BILL TO**  
J

**SHIP TO**  
  
5 speed tko or tkx trans

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

**PO NUMBER**

**NOTE**  
doug c

DESCRIPTION	QTY	RATE	AMOUNT
<b>Parts</b> ROUSH 427IR	1	25,150.00	25,150.00T
<b>Parts</b> shipping for engine	1	500.00	500.00T
<b>Parts</b> POLISHED INTAKE MANIFOLD TIMING COVER AND WATER PUMP AND ALT	1	1,000.00	1,000.00T
<b>Parts</b> POLISHED TRUMPETS	1	650.00	650.00T
<b>Parts</b> POLISHED VELOCITY STACKS	1	1,250.00	1,250.00T
<b>Parts</b> 5 speed tko or tkx trans	1	2,995.00	2,995.00T
<b>Parts</b> Installation SMALL PARTS AND LABOR Poly-urethane motor mounts, Transmission mount Balanced drive shaft with Grade 10 fasteners External oil adaptor with fittings Heater and vacuum fittings Speedometer GPS Battery Fluids and fasteners  Preparation of engine and transmission. Dial indicate bellhousing Engine and transmission fitted with all required wiring and plumbing 4-wheel alignment Road Test	1	14,500.00	14,500.00T
<b>Parts</b> Dyno tuning on chassis dyno	1	950.00	950.00T
<b>Parts</b> battery shutoff switch in the trunk parts and labor	1	425.00	425.00T
<b>Parts</b> Cobra Badges Installed parts and labor	1	350.00	350.00T

Thank you!

DESCRIPTION	QTY	RATE	AMOUNT
<b>Parts</b> cell phone holder parts and labor	1	250.00	250.00T
<b>Parts</b> dual usb charger	1	200.00	200.00T
<b>Parts</b> ANSEN Ford Shelby Cobra Signature Tall Valve Covers - Polished (Premium Series) 1	1	432.53	432.53T

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An expressed mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto.  
As is, no warranty on parts and labor

SUBTOTAL	48,652.53
TAX (7.75%)	3,770.57
TOTAL	52,423.10
PAYMENT	40,000.00
<b>BALANCE DUE</b>	<b>\$12,423.10</b>

X \_\_\_\_\_  
Not responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause beyond our control.

Thank you!

# Invoice

Date	Invoice #
4/21/2022	4

Phone #	949-900-1960
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Bill To

Ship To	
Customer Phone	949-870-8838

Project	Rep	Ship	Via	F.O.B.	Customer E-mail
	DC	4/21/2022	UPS		

Item Code	Description	Quantity	Price Each	Amount
	Superformance rolling chassis SP03535 in Indigo Blue with Bright White Stripe and Pin Stripes Options Wooden Steering Wheel Twin Stripes Pin Stripes Painted Brake Calipers Tonneau Cover Polished Stainless Steel Quick Lifts Passenger Side Roll Bar Windsor Install Kit Ceramic Coated Headers Stainless Steel Side Pipes Stainless Steel Surge Tank Return Fuel Line Fuel Swirl Pot Glove Box Custom Leather Interior 18" Pin Drive Wheels (Polished Centers) Polished Aluminum Spinners Offload and Dealer Prep	1	76,030.00	76,030.00T
MKIII NITTO Tire...	275/35ZR18 95W NITTO NT-555 ZR 25.6	2	300.00	600.00T
MKIII NITTO Tire...	335/30Z/R18 102Y NITTO NT-555R 25.9	2	325.00	650.00T

	<b>Total</b>
	<b>Payments/Credits</b>
	<b>Balance Due</b>

H

# Invoice

Date	Invoice #
4/21/2022	

Phone #	949-900-1960
---------	--------------

Bill To

Shp To
Customer Phone

Project	Rep	Ship	Via	F.O.B.	Customer E-mail
	DC	4/21/2022	UPS		

Item Code	Description	Quantity	Price Each	Amount
SP009-Shelby Logo	DESIGNER FLOOR MATS STYLE A PREMIUM PLUSH NYLON BLACK -PL100 Cobra 1963-1965 2pcs (Original) DE003-	1	250.00	250.00T
Clear Bra 00-013-00043	DFM SHELBY LOGO NO STRIPES (SP-009) Clear Bra fitted to Roller 3" Y-Style shoulder harness (Black) ***NO SFI Tags	1 1	1,400.00 375.00	1,400.00T 375.00T
Sales tax	7.750% : Sales Tax		6,146.14	6,146.14

	<b>Total</b>	USD 85,451.14
	<b>Payments/Credits</b>	USD -85,451.14
	<b>Balance Due</b>	USD 0.00





POWERED BY  
EIGHT  
**ROUSH**

ROUSH .3mm

MADE IN USA



POWERED BY  
**ROUSH**  
EIGHT 427-1619

ROUSH  
427-1619

ROUSH

ROUSH