



TENNESSEE DEPARTMENT OF REVENUE
VEHICLE TAXPAYER SERVICES DIVISION
MULTI-PURPOSE APPLICATION

OFFICIAL VEHICLE REGISTRATION



City Stickers:

NEW OR CURRENT TITLE NUMBER 91459604	TRANSACTION CODE 004	REGISTRATION ONLY NUMBER 3355227
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OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTERS) 5			MAO <input checked="" type="checkbox"/> N	ILU <input checked="" type="checkbox"/> N
LAST NAME BOWMAN SALES AND EQUIPMENT INC		FIRST NAME 		
MIDDLE INITIAL 		LAST NAME 		
FIRST NAME 		MIDDLE INITIAL 		
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD		ADDRESS 2 (PHYSICAL) 		
CITY WILLIAMSPORT	STATE MD	ZIP CODE 21795	CITY 	
STATE 		STATE 		ZIP CODE
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 02/27/2012	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # 240 772 5487	*PLACARD/HEARING IMPAIRED CLS/YR
*INSURANCE POLICY # 				

VEHICLE INFORMATION										
VIN 1JJV532W27L059884	MAKE WABA	MODEL DVL	YEAR 2007	BODY SE	TITLE BRAND - translation USED	CODE U	TYPE OF FUEL - translation 	CODE 9		
SURRENDERED TITLE # 	STATE TN	PREVIOUS STATES TITLED TN	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE 	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)		CODE 1		
COLOR CODE (enter appropriate code)* UPPER O	MOBILE HOME LGTH 	WIDTH 	# AXLES 	GROSS VEHICLE WEIGHT 	*VEHICLE TRADE-IN DESCRIPTION 		COMPANY VEHICLE # 10807			

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE #(1) U590441	CLASSCODE/ISSUEYR(1)(3) 8020/1994	VALIDATION #(1) 	COUNTY STICKER #(1) 	CITY STICKER #(1)(2) 	*PLATE #(TRADE IN)(2) U357705	CLASS CODE/ISSUE YR(2) 8020 1994	EXPIRATION DATE (1)(2)(3) PERMANENT
TDR STICKER #(4) 	TEMP OPERATOR PERMIT #(3) 	# OF SEATS(5) 	ZONE(COUNTY NAME)(6) 	USDOT / REGISTRANT #(7) 	MOTOR CARRIER #(8) 		

LIEN INFORMATION (if lien present)		
LIEN CODE 	FIRST LIENHOLDER 	LIEN DATE
STREET 		
CITY 		
STATE 		
ZIP CODE 		
LIEN CODE 	SECOND LIENHOLDER 	LIEN DATE
STREET 		
CITY 		
STATE 		
ZIP CODE 		

*LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE)		LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	ILU <input type="checkbox"/>
NAME 		NAME 			
ADDRESS 		CITY 			
		STATE 			
		ZIP CODE 			

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)				
SALE PRICE 	TRADE IN ALLOWANCE 	TAXABLE AMOUNT 	SALESTAX PAID 	*TAX EXEMPTION REASON / SALES TAX #
DEALER NAME 		DEALER ADDRESS 		DEALER #

*Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title)				
<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTND DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED
<input type="checkbox"/> ILLEGIBLE				

Under penalties of perjury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division or its assignees to determine the accuracy of the information provided by me or on my behalf.		
SIGNATURE OF CERTIFIER/OWNER 	POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) 	DATE 05/15/2015

INVOICE NUMBER 15135 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 05/15/2015	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W.F. (BILL) KNOWLES	HCM27
OFFICE USE ONLY REGISTRATION FEE 					
EMISSION: NOT APPLICABLE (total fees collected indicated certifies this form as a valid registration)					
CREDIT 	LEASE FEE 	TRANS FEE 11.75	CLERK FEE 	ISSUANCE FEE 2.50	TITLE FEE
SALES OR USE TAX 		SA TAX 	LOCAL TAX 	ADDITIONAL TAX 	COLLECTED IN STATE OF
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	CITY WHEEL TAX 		CITY STICKER FEE 		
*SERVICE OPT FEE 	ORGAN DONOR 	POSTAGE 	VER 	ID / RESIDENCY VERIFICATION 	*TOTAL FEES COLLECTED 14.25