



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



ity Stickers:

VOR CURRENT TITLE NUMBER 12785146		TRANSACTION CODE N01	REGISTRATION ONLY NUMBER	
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) 4 MAO <input type="checkbox"/> ILU <input type="checkbox"/>				
FIRST NAME BOWMAN TRAILER LEASING LLC		MIDDLE INITIAL	LAST NAME	
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD		ADDRESS 2 (PHYSICAL)		
CITY WILLIAMSPORT		STATE MD	ZIP CODE 21795	CITY
PURCHASE DATE 09/26/2013		TELEPHONE # 301 582 1793	*PLACARD/HEARING IMPAIRED CLS/YR	
*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/>		*INSURANCE POLICY #		
VEHICLE INFORMATION				
MAKE WABA		MODEL 1JJ	YEAR 1995	BODY SE
TITLE BRAND - translation USED		CODE U	TYPE OF FUEL - translation 9	
PREVIOUS STATES TITLED SC		VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE
ODOMETER ACTUAL (9) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)		CODE 1		
GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # 3018
STATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS				
CLASSCODE/ISSUE YR(1)(3) 8020/1994		VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)
*PLATE # (TRADE IN) (2)		CLASS CODE/ISSUE YR (2)		EXPIRATION DATE (1)(2)(3) PERMANENT
TEMP OPERATOR PERMIT # (3)		# OF SEATS (5)	ZONE (COUNTY NAME) (6)	USDOT / REGISTRANT # (7)
MOTOR CARRIER # (8)				
LIEN INFORMATION (if lien present)				
FIRST LIENHOLDER SUNTRUST BANK		LIEN DATE 09/26/2013		
CITY BALTIMORE		STATE MD		ZIP CODE 21202
SECOND LIENHOLDER		LIEN DATE		
CITY		STATE		ZIP CODE
ISSUE / 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		
CITY		STATE		ZIP CODE
VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)				
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)				
LOST <input type="checkbox"/>		STOLEN <input type="checkbox"/>		MUTILATED <input type="checkbox"/>
RTN'D DUE TO NON DELIVERY <input type="checkbox"/>		ALTERED <input type="checkbox"/>		ILLEGIBLE <input type="checkbox"/>
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 to 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 11/06/2013
COUNTY NAME HAMILTON		CO NUMBER 33	DATE OF APPLICATION 11/06/2013	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES
FEE USE ONLY REGISTRATION FEE 79.75		TOTAL FEES COLLECTED 97.25		
SALES OR USE TAX		SA TAX	LOCAL TAX	ADDITIONAL TAX
SALES TAX <input type="checkbox"/> USE TAX <input type="checkbox"/>		COLLECTED IN STATE OF		COUNTY WHEEL TAX
ORGAN DONOR		POSTAGE	VER	ID / RESIDENCY VERIFICATION
TOTAL FEES COLLECTED 97.25				