



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



Stickers:

VEHICLE OR CURRENT TITLE NUMBER <b>12785114</b>		TRANSACTION CODE <b>001</b>	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) <b>4</b> MAO <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/>				
FIRST NAME <b>BOWMAN TRAILER LEASING LLC</b>		MIDDLE INITIAL	LAST NAME	FIRST NAME <b>WILLIAMSPORT</b>
ADDRESS 1 (MAILING) <b>10233 GOVERNOR LN BLVD</b>		ADDRESS 2 (PHYSICAL)		
STATE <b>MD</b>		ZIP CODE <b>21795</b>	CITY	STATE <b>MD</b>
OFFICE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>09/26/2013</b>	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # <b>301 582 1793</b>	*PLACARD/HEARING IMPAIRED CLS/YR <b>4</b>
*INSURANCE POLICY #				

VEHICLE INFORMATION		MAKE <b>WABA</b>	MODEL <b>1JJ</b>	YEAR <b>1999</b>	BODY <b>SE</b>	TITLE BRAND - translation <b>USED</b>	CODE <b>U</b>	TYPE OF FUEL - translation	CODE <b>9</b>
TRANSFERRED TITLE # <b>1JJV532W1XL583365</b>		STATE <b>SC</b>	PREVIOUS STATES TITLED <b>OK</b>	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	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 <b>1</b>
*OR CODE (enter appropriate code)* *ER <b>0</b>		MOBILE HOME LGTH <b>0</b>	WIDTH <b>0</b>	# AXLES <b>0</b>	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # <b>3116</b>	

STATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) <b>J476678</b>	CLASS CODE/ISSUE YR (1)(3) <b>8020/1994</b>	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3) <b>PERMANENT</b>
REGISTRATION STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)		USDOT / REGISTRANT # (7)	MOTOR CARRIER # (8)	

FINANCIAL INFORMATION (If lien present)		LIEN DATE <b>09/26/2013</b>	
FINANCIAL INSTITUTION <b>SUNTRUST BANK</b>	FIRST LIENHOLDER		
ADDRESS <b>120 E BALTIMORE ST 25 FL</b>	CITY <b>BALTIMORE</b>	STATE <b>MD</b>	ZIP CODE <b>21202</b>
SECOND LIENHOLDER	LIEN DATE		
ADDRESS		CITY	STATE
		CITY	STATE

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			
ADDRESS		CITY		STATE	ZIP CODE
		CITY		STATE	ZIP CODE

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)			
VEHICLE 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"/> RTN'D DUE TO NON DELIEVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE

I, the undersigned, for 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 to assignees to determine the accuracy of the information provided by me or on my behalf.		DATE <b>11/06/2013</b>	
SIGNATURE OF CERTIFIER/OWNER		POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)	

COUNTY NUMBER <b>13310 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>11/06/2013</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>		<b>KAR46</b>
VEHICLE USE ONLY						
REGISTRATION FEE <b>79.75</b>						
CREDIT		LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>
SALES OR USE TAX		SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	TOTAL TAX COLLECTED <b>.00</b>
ORGAN DONOR		POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED <b>97.25</b>	