



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



Stickers:

VEHICLE OR CURRENT TITLE NUMBER 12785068		TRANSACTION CODE 001	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 checked="" type="checkbox"/> N ILU <input checked="" type="checkbox"/> N				
OWNER NAME BOWMAN TRAILER LEASING LLC		FIRST NAME WILLIAMSPORT		MIDDLE INITIAL MD
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD		ADDRESS 2 (PHYSICAL)		
CITY WILLIAMSPORT		STATE MD	ZIP CODE 21795	CITY WILLIAMSPORT
PURCHASE DATE 09/26/2013		TELEPHONE # 301 582 1793		*PLACARD/HEARING IMPAIRED CLS/YR
*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/>		*INSURANCE POLICY #		
VEHICLE INFORMATION				
VEHICLE IDENTIFICATION NUMBER 1DTV11524TA252150		MAKE DORS	MODEL AID	YEAR 1996
PREVIOUS STATES TITLED SC		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 U		
TYPE OF FUEL - translation 9		CODE 1		
VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # 3192		
VEHICLE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS				
CLASS CODE/ISSUE YR(1)(3) J476660 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		
SECOND LIENHOLDER		LIEN DATE		
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 #
VEHICLE INFORMATION * (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"/>
RTND 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		DATE OF APPLICATION 11/06/2013		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES
COUNTY NUMBER 33		ISSUANCE FEE 12.00		TITLE FEE 5.50
SALES TAX 79.75		TOTAL TAX COLLECTED .00		CITY STICKER FEE
SALES TAX <input type="checkbox"/> USE TAX <input type="checkbox"/>		TOTAL FEES COLLECTED 97.25		