

MULTI-PURPOSE APPLICATION OFFICIAL VEHICLE REGISTRATION



| ty Stickers: | WEED. | | | | TRANSACTION | REGIS | TRATION ONLY I | NUMBER | | | | | |
|--|------------------------------------|-------------------|-------------------|--------------------|--|---|------------------|--|--|----------------|----------------------|-------------|--|
| 7 OR CURRENT TITLE NUMBER | | | | | TRANSACTION REGISTRATION ONLY NUMBER N01 | | | | | | | | |
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| NER INFORMATION *LEG. | | (OR) L ENTE | ER NAME COD | MIDDLE INITI | ME) 2(DIFFER IAL | ENT) 3(MULTIPLE LAS | ST NAMES) 4(CO | MPANY) 5(| FIRST NAME | EROJELI | MIDDLE INITIA | | |
| OWMAN TRA | ILER LEASIN | IG LLC | | | | | | | | | | | |
| RESS 1 (MAILING) | | | | | ADDRESS 2 (PHYSICAL) | | | | | | | | |
| 0233 GOVER | NOR LN BLV | | | | | | | | | | | | |
| , | | ZIP COL | DE | CITY | | | STATE ZIP CODE | | | | | | |
| VILLIAMSPOR | RT | , N | /ID | 21795 | | | | T -81 1015 | D/HEARING IMPAIR | ED CLEVE | *INSURANCE POLIC | V# | |
| OF RESIDENCE/PRINCIPAL BUS OF | | URCHASE DAT | *1 F | ASED 0 -SE | ERVICE OPTIC | NS TELEPHO | | | U/HEARING IMPAIR | KED CLS/TK | INSURANCE POLIC | | |
| IAMILTON 03 | 3 | 09/26/2 | 1013 s | EE REVERSE SIDE FO | | 301 | 582 1793 | 1 | | | | | |
| ICLE INFORMATION | | MAKE | MODEL | YEAR | BODY | TITLE BRAND - tr | anslation | | CODE | TYPE OF FUE | L - translation | CODE | |
| | | | | | | | U | | | 9 | | | |
| DTV115S9TA252130 DORS 1DT DEFINITION DORS DO | | | | | SE USED EHICLE USE VEHICLE TYPE CURRENT MILEAGE | | | ODOMETER ACTUAL (0) NOT ACTUAL (8) CODE | | | | | |
| | | | | TEG TITLED | | | | | INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9) | | | | |
| 70790234063 | | SC | # AX | KLES G | ROSS VEHICL | S F WEIGHT | *VEHICLE | TRADE-IN I | DESCRIPTION | | COMPANY VEHICLE # | <u> </u> | |
| OR CODE (enter appropriate ER LOWER | | WDTH | "~ | , LLO | 11000 7211102 | L 112.0111 | | | | | 31 | 195 | |
| | | | | r) pre | nn mnn ein | r con count etc in | ETRUCTIONS | | | | | | |
| TE INFORMATION *(requi | asscode/issueyr(1) | | TION #(1) | COUNTY STI | CKER #(1) | CITY STICKER #(1)(2) | *PLATE #(TRA | DE IN)(2) | CLASS CODE/ | ISSUE YR(2) | EXPIRATION DATE | E (1)(2)(3) | |
| J476663 | 8020/199 | 4 | | | | | | | | | PERM | ANENT | |
| STICKER #(4) | TEMP OPERATOR PER | RMIT #(3) | # OF SEATS | (5) ZONE(| COUNTY NAM | E)(6) | USDOT / REGIS | TRANT #(7) | | мот | FOR CARRIER #(8) | | |
| | | | | | | | | | | | | | |
| NINFORMATION (If lien p | | | | 0.0000 | | | | la militari | 1.000 | la la comenta | LIEN D | ATF | |
| N CODE FIRST LIEN | | N11.6 | | | | | | | | | | 6/2013 | |
| SUNTRUST BANK | | | | | CITY | | | | STA | STATE ZIP CODE | | | |
| 120 E BALTIMORE ST 25 FL | | | | | BALTIMORE | | | | | MD 21202 | | | |
| N CODE SECOND L | IENHOLDER | | | | | | | | | | LIEN D | ATE | |
| | | | | | | | | | | 20005 | | | |
| REET | | | | | | CITY | | | STA | (IE | ZIP CODE | | |
| | | | | Г | | П | | m | | 11 | | | |
| SSEE / REGISTRANT INF | ORMATION(OWNER O | F PLATE) | LEC | SAL STATUS L | NAM | NAME NAME | MAO L | ונט 🗀 | | | | | |
| | | | | | | | | | | | | | |
| DRESS | | | | | CITY | | | | | STATE ZIP CODE | | | |
| HICLE COST / TAX INFOR | DIATION Mensules d for 1 | Cida 9 Desintrati | ion Transaction | e) | | | | | | | | | |
| LE PRICE | TRADE IN AL | | on Hansachon | TA | XABLE AMOU | NT | SALESTAX | PAID | | *TAX EXEM | IPTION REASON / SALE | ES TAX# | |
| ALER NAME | | | Tp | EALER ADDRES | ss | | | | | | DEALER# | | |
| ALLI HAML | | | | | | | | | | | | | |
| equired for Duplicate Title - | T.C.A. 55-3-115 (submit | Illegible or alte | red Certificate o | of Title) | | 100000000000000000000000000000000000000 | | | | 1. | _ | | |
| LOST | STOLEN | | MUTIL | ATED | | RTN'D DUE TO NON D | ELIEVERY | | ALTERED | L | ILLEGIBLE | | |
| ler papaltias of parium. I he | arehy certify all information | on provided is to | ue and correct t | to the best of my | knowledge an | d acknowledge that it is | not the responsi | bility of the I | Motor Vehicle Divisio | <u> </u> | | | |
| ler penalties of perjury, I he s assignees to determine to SNATURE OF CERTIFIER. | | nation provided | by me or on my | POWER OF | ATTORNEY/AL | THORIZED SIGNATU | RE(IF APPLICAB | LE) | | DATE | | | |
| | | | | | | | | | | | 11/06/201 | 3 | |
| OICE NUMBER | COUNTY NAME | | | CO NUMBER | DATE OF | APPLICATION | BY AUTH | ORITY OF F | REGISTRAR OF MO | TOR VEHICLE | S(COUNTY CLERK) | | |
| 13310 @ | HAMILTON | | 33 | | | | | LL) KNOWLES KAR4 setted Indicated certifies this form as a valid registration) | | | | | |
| FICE USE ONLY GISTRATION FEE | EMISSION: Trailer CREDIT LEASE FEE | | | TRANS FEE | CLERK FEE | ISSUANCE FEE TITL | | ITLE FEE | E FEE TOTAL TAX CO | | | | |
| 79.75 | | <u> </u> | | OCAL TAY | LADDITIONS | TAY | 12.0 | | 5.50 COUNTY WHEEL TA | | STICKER FEE | | |
| MPUTATION OF SALES TAX USE T | SALES OR USE TA | X SATA | | OCAL TAX | ADDITIONAL | | TEG IED IN STA | | JOHN I WHICEL IA | . | | | |
| | | | | | | | | | | | | | |
| ERVICE OPT FEE | ORGAN DONOR | PO | STAGE | VER | R | ID / RESIDEN | CY VERIFICATIO | N | | | 7.25 | | |