

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

## **OFFICIAL VEHICLE REGISTRATION**



| City Sticker   |                                    |                       |                            |                |                       |  |                 |            |                          |                |             |                     |                |                               |                        |                                      | _                          |  |
|--|------------------------------------|-----------------------|----------------------------|----------------|-----------------------|--|-----------------|------------|--------------------------|----------------|-------------|---------------------|----------------|-------------------------------|------------------------|--------------------------------------|----------------------------|--|
| NEW OR CURRENT TITLE NUMBER                                      |                                    |                       |                            |                |                       | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | ANSACTION       |            | REGISTRATION ONLY NUMBER |                |             |                     |                |                               |                        |                                      |                            |  |
| 92784698   |                                    |                       |                            |                |                       |  | N01             | <u> </u>   |                          |                |             |                     |                | г                             |                        | · M                                  | [KI]                       |  |
| OWNER INFORMATH  | on "Legal Sta                      |                       | OR) LEN                    | TER NAME (     | OBE IN BO             | X 1 (SAME                              | ) 2(DIFFERI     | ENT) 3(MUI | TIPLE LAS                | ST NAMES) 4    | COMPAN      | 1) 5(OVER           | 128 CHARA      | CTERS)                        | •]                     | MAO N IL                             | UN TIAL                    |  |
| BOWMAN   |                                    |                       |                            | •              | and De                | LE INTIAL                              |                 |            |                          |                |             |                     |                |                               |                        |                                      |                            |  |
| ADDRESS 1 (MAILING   |                                    | ADDRES                | ADDRESS 2 (PHYSICAL)       |                |                       |  |                 |            |                          |                | ·           |                     |                |                               |                        |                                      |                            |  |
| CITY   |                                    | CITY STA              |                            |                |                       |  |                 | STATE      | ATE ZIP CODE             |                |             |                     |                |                               |                        |                                      |                            |  |
| WILLIAMSPORT MD  |                                    |                       | MD                         | 21795          |                       |  |                 |            |                          |                |             |                     |                |                               |                        |                                      |                            |  |
| CHTY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION  HAMILTON 033 |                                    |                       | URCHASE DATE<br>09/26/2013 |                | *LEASED               |  |                 |            |                          | ' -            | CARD/HE     | ARING IMP           | AIRED CLS      | i/YR                          | *INSURANCE POLI        | CY#                                  |                            |  |
| VEHICLE INFORMAT   | TON                                |                       |                            |                |                       |  |                 |            |                          |                |             |                     | -              |                               |                        |                                      |                            |  |
| VIN  |                                    | 니                     | MAKE                       | MOD            | İ                     | EAR                                    | BODY            | TITLE      | BRAND - tr               | ensiation      |             |                     | CODE           |                               | OF FUEL                | - translation                        | CODE                       |  |
| SURRENDERED TITLE #  |                                    |                       | """                        |                | 37 1978 STATES TITLED |  | SE<br>VEHICLE L |            |                          | PE CURRENT MIL |             | EAGE ODOMETER ACTUA |                | 9 (AL (0) NOT ACTUAL (8) CODE |                        |                                      |                            |  |
| 770490156  |                                    |                       | SC                         | FKEVIOUS (     | JIAILO IIIL           |  | E               | 350        | S                        |                | VEIVI MIL   |                     | (List one)     | OR OVER 1                     | O YRS / 10<br>SS OF ME | 3,000 LBS (1)<br>CHANICAL LIMITS (9) | 1                          |  |
| COLOR CODE (enter a)   | ppropriate code)*                  | MOBILE HON            | WE                         |                | AXLES                 | GRO                                    | SS VEHICLE      | WEIGHT     |                          | *VEHIC         | LE TRAD     | E-IN DESC           | RIPTION        |                               | c                      | OMPANY VEHICLE                       |                            |  |
| O  | LOWER                              | LGTH                  | WDTH                       |                |                       |  |                 |            |                          |                |             |                     |                |                               |                        |                                      | 216                        |  |
| PLATE INFORMATIO   |                                    | life and Registration |                            | stration Only  |                       | ) SEE REA                              |                 |            |                          |                |             | (2) J.              | CLASS COD      | ENSSILE                       | B(2)                   | EXPIRATION DA                        | TE (1)(2)(3)               |  |
| U476503  |                                    | 020/1994              | ·                          | 11:UN #(1)     | COUN                  | i i allukt                             | :rc#(i)  C      | ITY STICKE | =r< #(1)(2)              | *PLATE #(T     | rave IN)    | (2)                 | نالى دەسى      | EleaUE T                      | n(e)                   |                                      | IE (1)(2)(3)<br>MANENT     |  |
| TOR STICKER #(4)   |                                    | PERATOR PERI          |                            | # OF SEA       | ATS(5) 2              | ZONE(COL                               | JNTY NAME       | )(6)       | Ţ                        | USDOT / REG    | ISTRANT     | #(7)                |                |                               | мото                   | R CARRIER #(8)                       |                            |  |
|  |                                    | •                     |                            |                |                       |  |                 |            |                          |                |             |                     |                |                               |                        |                                      |                            |  |
| LIEN INFORMATION   | (if ilen present)<br>RST LIENHOLDE |                       | •                          |                |                       |  |                 |            |                          |                |             |                     |                |                               |                        | LIEN                                 | DATE                       |  |
| LIEN CODE FIN  |                                    | "<br>RUST BAI         | NIK.                       |                |                       |  |                 |            |                          |                |             |                     |                |                               |                        |                                      | <sub>DATE</sub><br>26/2013 |  |
| STREET   |                                    |                       |                            |                |                       |  |                 | CITY       |                          |                |             |                     | S'             | TATE                          |                        | ZIP CODE                             | 20/2013                    |  |
| 120 E BALTIMORE ST 25 FL   |                                    |                       |                            |                |                       |  | BALTIMORE       |            |                          |                |             |                     | MD 21202       |                               |                        |                                      |                            |  |
| ALLEN GOOD GE  | COND LIENTION                      | DLK                   |                            |                |                       |  |                 |            |                          |                |             |                     |                |                               |                        |                                      | DATE                       |  |
| STREET   |                                    |                       |                            |                |                       |  | CITY            |            |                          |                |             |                     | STATE ZIP CODE |                               |                        |                                      |                            |  |
|  |                                    |                       |                            |                |                       | ×                                      | N. Carlotte     |            | 7                        |                |             | 7                   |                | •                             |                        |                                      |                            |  |
| *LESSEE / REGISTRA   | ANT INFORMAT                       | ON(OWNER OF           | PLATE)                     |                | EGAL STAT             | us L                                   | NAME            | NAME       |                          | MAO L          | itu L       | <u>.</u>            |                |                               |                        |                                      |                            |  |
|  |                                    |                       |                            |                |                       |  |                 |            |                          |                |             |                     |                |                               |                        |                                      |                            |  |
| ADDRESS  |                                    |                       |                            |                | C                     | ITY                                    | Y               |            |                          | STATE          |             |                     |                | ZIP CODE                      |                        |                                      |                            |  |
| VEHICLE COST / TAX   | CINFORMATION                       |                       |                            | fion Transact  | ons)                  |  |                 |            |                          |                |             |                     |                |                               |                        |                                      |                            |  |
| SALE PRICE   |                                    | TRADE IN ALLO         | OWANCE                     |                |                       | TAXAB                                  | ILE AMOUNT      | Ţ          |                          | SALESTA        | X PAID      |                     |                | *TAX                          | EXEMP                  | TION REASON / SAL                    | LES TAX#                   |  |
| DEALER NAME  |                                    | <u> </u>              |                            |                | DEALER A              | DDRESS                                 |                 |            |                          | •              |             |                     |                |                               | ٥                      | EALER#                               |                            |  |
| *Required for Duplicat   | te Title - T.C.A. 5                | 5-3-115 (submit ill   | legible or alte            | red Certifical | e of Title)           | 1 _                                    |                 |            |                          |                |             |                     |                |                               | Τ                      |                                      |                            |  |
| LOST   |                                    | STOLEN                | [                          | MU             | TILATED               | [                                      | RT              | 'N'D DUE T | O NON DE                 | LIEVERY        |             | ALTER               | RED            |                               |                        | ILLEGIBLE                            |                            |  |
| Under penaities of perjor its assignees to dete                  | ury, I hereby cert                 | ify all information   | provided is tr             | to and corre   | ct to the best        | of my kno                              | wledge, and     | acknowledg | go that it is            | not the respor | sibility of | the Motor V         | /ehicle Divisi | on                            | 1                      |                                      |                            |  |
| SIGNATURE OF CER   | TIFIER/OWNER                       |                       |                            |                |                       |  |                 |            |                          | E(IF APPLICA   |             |                     |                |                               | DATE                   | 44107100                             | 40                         |  |
| INVOICE NUMBER   | com                                | ITY NAME              |                            |                | CONUI                 | IBED                                   | DATE OF A       | DEL ICATIO | n.                       | DV AIP         | HODITY      | Uk bikere           | TRAP CE P      | OTOD VEL                      | IICI FQ/               | 11/05/20'                            | 13                         |  |
| 13309 @  |                                    | IAMILTOI              | N                          |                |                       | 33                                     |                 | /05/20     |                          |                |             |                     | NOWLE          |                               |                        |                                      | HCM27                      |  |
| OFFICE USE ONLY<br>REGISTRATION FEE                              | CRE                                | MISSION: Tra          | ailer<br>LE                | ASE FEE        |                       |  | NS FEE          | CLEF       | RK FEE                   | (total         | ces colle   | cted indica         | sted certifie  |                               | TOTAL                  | id registration)<br>TAX COLLECTED    |                            |  |
| 79.75  | CAL                                | S OR USE TAX          | I SA T                     | AY             | LOCAL TAX             | ( 145                                  | DITIONAL T      | AY         | Lcori                    | 12             | .00         |                     | .50<br>YWREELT | AX                            | .00.                   | NCKER FEE                            |                            |  |
| SALES TAX  | . 1                                | -0 OR USE IAX         | an I                       | n^             | LOCAL IA              | `  ^"                                  | JULIORAL I      | ^^         | 1                        | TO LED IN S    | AIE UP      | COOM                | . THISEEL I    | ~                             | J. 1 3                 |                                      |                            |  |
|  | 035 170                            |                       |                            |                |                       | J                                      |                 |            |                          |                |             |                     |                |                               |                        |                                      |                            |  |
| *SERVICE OPT FEE   |                                    | AN DONOR              | PO                         | STAGE          |                       | VER                                    |                 | ID/F       | RESIDENC                 | Y VERIFICATI   | ON          | <u> </u>            |                |                               | *TOTAL                 | FEES COLLECTED                       |                            |  |