



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

OFFICIAL VEHICLE REGISTRATION

Stickers:

VEHICLE OR CURRENT TITLE NUMBER <b>10483427</b>		TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER <b>768496</b>	
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"/> N ILU <input checked="" type="checkbox"/> N				
OWNER NAME <b>30WMAN TRAILER LEASING LLC</b>		OWNER FIRST NAME <b>30WMAN TRAILER LEASING LLC</b>		
ADDRESS 1 (MAILING) <b>0233 GOVERNOR LN BLVD</b>		ADDRESS 2 (PHYSICAL)		
CITY <b>WILLIAMSPORT</b>		CITY <b>WILLIAMSPORT</b>		
STATE <b>MD</b>		STATE <b>MD</b>		
ZIP CODE <b>21795</b>		ZIP CODE <b>21795</b>		
OFFICE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>		PURCHASE DATE <b>06/29/2012</b>		TELEPHONE # <b>301 582 1793</b>
*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/>		*PLACARD/HEARING IMPAIRED CLS/YR <b>0</b>		
SEE REVERSE SIDE FOR INSTRUCTIONS		*INSURANCE POLICY #		
VEHICLE INFORMATION				
VIN <b>JJV532W04L891123</b>		MAKE <b>WABA</b>	MODEL <b>1JJ</b>	YEAR <b>2004</b>
BODY <b>SE</b>		TITLE BRAND - translation <b>USED</b>		CODE <b>U</b>
TYPE OF FUEL - translation <b>9</b>		CODE <b>9</b>		
PREVIOUS STATES TITLED <b>WI</b>		VEHICLE USE <b>F</b>		VEHICLE TYPE <b>S</b>
CURRENT MILEAGE <b>13329001018</b>		ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9) <b>1</b>		
OR CODE (enter appropriate code)* <b>0</b>		MOBILE HOME LSTH WIDTH		COMPANY VEHICLE # <b>768496</b>
TITLE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS				
CLASS CODE/ISSUE YR(1)(3) <b>J382176 8020/1994</b>		VALIDATION #(1) <b>PERMANENT</b>		EXPIRATION DATE (1)(2)(3)
COUNTY STICKER #(1)(2) <b>PERMANENT</b>		CITY STICKER #(1)(2)		PLATE #(TRADE IN)(2)
TEMP OPERATOR PERMIT #(3)		# OF SEATS(5)		ZONE(COUNTY NAME)(6)
USDOT / REGISTRANT #(7)		MOTOR CARRIER #(8)		
LIEN INFORMATION (If lien present)				
VEHICLE CODE <b>SUNTRUST BANK</b>		LIEN DATE <b>06/29/2012</b>		
ADDRESS <b>120 E BALTIMORE ST 25 FL</b>		CITY <b>BALTIMORE</b>		STATE <b>MD</b>
ZIP CODE <b>21202</b>		ZIP CODE <b>21202</b>		
SECOND LIENHOLDER				
CITY				
STATE				
ZIP CODE				
SSEE / REGISTRANT INFORMATION (OWNER OF PLATE)				
LEGAL STATUS <input type="checkbox"/> NAME CODE <input type="checkbox"/> MAO <input type="checkbox"/> ILU <input type="checkbox"/>				
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 that 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.				
NATURE OF CERTIFIER/OWNER		POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)		DATE <b>09/07/2012</b>
COUNTY NAME <b>HAMILTON</b>		COUNTY NUMBER <b>33</b>		DATE OF APPLICATION <b>09/07/2012</b>
BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>		<b>HJC27</b>		
VEHICLE USE ONLY				
REGISTRATION FEE <b>79.75</b>		LEASE FEE		TRANS FEE
CREDIT		CLERK FEE		ISSUANCE FEE <b>12.00</b>
TITLE FEE <b>5.50</b>		TOTAL TAX COLLECTED <b>.00</b>		
SALES OR USE TAX		SA TAX		LOCAL TAX
ADDITIONAL TAX		COLLECTED IN STATE OF		COUNTY WHEEL TAX
CITY STICKER FEE				
SALES TAX <input type="checkbox"/> USE TAX		ORGAN DONOR		POSTAGE
VER		ID / RESIDENCY VERIFICATION		*TOTAL FEES COLLECTED <b>97.25</b>
1357 Port: wk52/DR27/8020 Cash: 0.00 Check: 0.00 Check#: Credit: 0.00 Auth#: Change: 0.00 RDA-692				