

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

OFFICIAL VEHICLE REGISTRATION

| (N)NEW (1)RECONSTRUCTED VEHICLE code (U)USED (2)FLOOD DAMAGE code | 5 MAO N ILU N |
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| DWNER INFORMATION "LEGAL STATUS; 1 (AND) 2 (0R) ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 8(OVER 28 CHARACTERS) LAST NAME FIRST NAME MIDDLE INITIAL LAST NAME FIRST NAME BOWMAN SALES AND EQUIPMENT INC ADDRESS 1 (MAILING) PO BOX 433 % 10233 GOVENOR LN BLVD CITY STATE ZIP CODE CITY STATE WILLIAMSPORT MD 21795 NOT OF RESIDENCE PRODUCED LOCATION PURCHASE DATE HAMILTON 033 06/30/2011 "LEASED 0 SERVICE OPTIONS 301 582 1793 WEHICLE INFORMATION | |
| BOWMAN SALES AND EQUIPMENT INC DDRESS 1 (MAILING) PO BOX 433 % 10233 GOVENOR LN BLVD DITY STATE ZIP CODE CITY STATE VILLIAMSPORT MD 21795 TO OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033 PURCHASE DATE 1.EASED 0 SERVICE OPTIONS SEE REVERSE SIDE FOR INSTRUCTIONS TELLEPHONE # *PLACARD/HEARING IMPAIRED COMMENTAL BUS OR INCORP LOCATION SEE REVERSE SIDE FOR INSTRUCTIONS THICKLE INFORMATION | |
| ADDRESS 2 (PHYSICAL) PO BOX 433 % 10233 GOVENOR LN BLVD CITY STATE ZIP CODE CITY STATE WILLIAMSPORT MD 21795 TO OF RESIDENCE PRINCIPAL BUS OR INCORP LOCATION PURCHASE DATE HAMILTON 033 PURCHASE DATE 06/30/2011 LEASED SERVICE OPTIONS SEE REVERSE SIDE FOR INSTRUCTIONS 7ELEPHONE 1 PLACARD/HEARING IMPAIRED COMMENTARY CONTROLLED TO THE PROPERTY OF THE PROPERTY O | MIDDLE INITIAL |
| PO BOX 433 % 10233 GOVENOR LN BLVD STATE ZIP CODE CITY STATE WILLIAMSPORT MD 21795 TOY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION PURCHASE DATE HAMILTON 033 PURCHASE DATE 1.EASED 0.SERVICE OPTIONS 301 582 1793 TEHICLE INFORMATION | |
| WILLIAMSPORT WD 21795 TO OF PERIODE COTTY WILLIAMSPORT TO OF PERIODE COTTY WD 21795 TELEPHONE * ** **PLACARD/HEARING IMPAIRED COTTY TELEPHONE ** ** **PLACARD/HEARING IMPAIRED COTTY TELEPHONE ** ** ** ** ** ** ** ** ** ** | |
| HAMILTON 033 PURCHASE DATE 06/30/2011 **LEASED*** SEE REVERSE SIDE FOR INSTRUCTIONS** TELEPHONE** **PLACARD/HEARING IMPAIRED CO.** **PLACARD/HEARING IMPAIRED CO.** **SEE REVERSE SIDE FOR INSTRUCTIONS** **JURISH ST. ** **PLACARD/HEARING IMPAIRED CO.** **JURISH ST. ** | ZIP CODE |
| HAMILTON 033 06/30/2011 LEASED 0 SERVICE OPTIONS 301 582 1793 VEHICLE INFORMATION | |
| ISTORIC IN VANIANCE CONTRACTOR OF THE PROPERTY | CLS/YR *INSURANCE POLICY # |
| (NINEW (1)RECONSTRUCTED VEHICLE code (U)USED (2)FLOOD DAMAGE GAS | E OF FUEL - list the appropriate CODI |
| 1JJV532W85L920353 WABA 1JJ 2005 SE DEPT ATTEMPT OF THE PROPERTY OF T | |
| SURRENDERED TITLE # STATE PREVIOUS STATES TITLED VEHICLE USE VEHICLE TYPE CURRENT MILEAGE ODOMETER ACTOR | UAL (0) NOT ACTUAL (8) CO |
| 04064080844 WI F S | R 10 YRS / 16,000 LBS (1) CESS OF MECHANICAL LIMITS (9) |
| OLOR CODE (enter appropriate code)* MOBILE HOME LOWER # AXLES GROSS VEHICLE WEIGHT "VEHICLE TRADE-IN DESCRIPTION | COMPANY VEHICLE # |
| O Salesti Carrier Carr | 775047 |
| PATE IN STREET TO THE DISTRICT ON THE DISTRICT OF THE DISTRICT OF THE PATE IN STREET THE INSTRUCTION OF THE DISTRICT OF THE DI | SVD(2) EVDIDATION DATE (1)(2)(2 |
| U333949 CLASSCODE/ISSUEYR(1)(3) VALIDATION #(1) COUNTY STICKER #(1) CITY STICKER #(1)(2) PLATE #(TRADE IN)(2) CLASS CODE/ISSUE | EYR(2) EXPIRATION DATE (1)(2)(3) PERMANEI |
| TOR STICKER #(4) TEMP OPERATOR PERMIT #(3) # OF SEATS(5) ZONE(COUNTY NAME)(6) USDOT / REGISTRANT #(7) | MOTOR CARRIER #(8) |
| | |
| | |
| JEN CODE FIRST LIENHOLDER SUNTRUST BANK | 06/30/20 |
| STREET CITY STATE | ZIP CODE |
| 120 E BALTIMORE 25TH FL BALTIMORE MI | D 21202 |
| SECOND LIBRACEDER | CENDATE |
| STREET CITY STATE | ZIP CODE |
| | |
| ECONE I REGISTRATI IN COMMUNICATOR PLATE) | |
| NAME NAME | |
| ADDRESS CITY STATE | ZIP CODE |
| VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions) | |
| | AX EXEMPTION REASON / SALES TAX # |
| DEALER NAME DEALER ADDRESS | DEALER # |
| | 90° 0990° |
| Recurred for Duplicate Title - T.C.A. 55-3-116 (submit! liferable of attered Contricate of Title) | |
| LOST STOLEN MUTILATED L. RTN'D DUE TO NON DELIEVERY L ALTERED | ILLEGIBLE |
| inder 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 its assignees to determine the accuracy of the information provided by me or on my behalf. | |
| POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) | 11/30/2011 |
| IVOICE NUMBER COUNTY NAME CO NUMBER DATE OF APPLICATION BY AUTHORITY OF REGISTRAR OF MOTOR VI | |
| 11334 @ HAMILTON 33 11/30/2011 W.F. (BILL) KNOWLES | HJC |
| FFICE USE ONLY EMISSION: Trailer (total fees collected indicated certifies this for IEGISTRATION FEE CREDIT LEASE FEE TRANS FEE CLERK FEE ISSUANCE FEE TITLE FEE | TOTAL TAX COLLECTED |
| 79.75 12.00 5.50 COMPUTATION OF SALES OR USE TAX SA TAX LOCAL TAX ADDITIONAL TAX COLLECTED IN STATE OF COUNTY WHEEL TAX | .00 |
| □ SALES TAX □ USE TAX | |
| SERVICE OPT FEE ORGAN DONOR POSTAGE VER ID / RESIDENCY VERIFICATION | *TOTAL FEES COLLECTED 97.25 |
| :-1357 Port: WK48/DR27/8020 Cash: 0.00 Check: 0.00 Check#: Credit: 0.00 Auth#: CI | hange: 0.00 HDA-692 |