



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

OFFICIAL VEHICLE REGISTRATION

City Stickers:

775096

NEW OR CURRENT TITLE NUMBER 84190125	TRANSACTION CODE N01	REGISTRATION ONLY NUMBER
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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) 5 MAO <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/>		
LAST NAME BOWMAN SALES AND EQUIPMENT INC		LAST NAME BOWMAN SALES AND EQUIPMENT INC
FIRST NAME PO BOX 433 % 10233 GOVENOR LN BLVD		FIRST NAME PO BOX 433 % 10233 GOVENOR LN BLVD
MIDDLE INITIAL WILLIAMSPORT		MIDDLE INITIAL WILLIAMSPORT
ADDRESS 1 (MAILING) PO BOX 433 % 10233 GOVENOR LN BLVD		ADDRESS 2 (PHYSICAL) PO BOX 433 % 10233 GOVENOR LN BLVD
CITY WILLIAMSPORT		CITY WILLIAMSPORT
STATE MD		STATE MD
ZIP CODE 21795		ZIP CODE 21795
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 06/30/2011	TELEPHONE # 301 582 1793
*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS		*PLACARD/HEARING IMPAIRED CLS/YR 301 582 1793
*INSURANCE POLICY #		

VIN 1JJV532W65L920402		MAKE WABA	MODEL 1JJ	YEAR 2005	BODY SE	TITLE BRAND - list the appropriate code (N)NEW (U)USED (D)DEM (S)SPECIALY CONSTRUCTED (8)PARTS ONLY U	CODE U	TYPE OF FUEL - list the appropriate code GAS (1) DIESEL (2) ELECTRIC/HYBRID (3) PROPANE (4) 9	CODE 9
SURRENDERED TITLE # 04064081335		STATE WI	PREVIOUS STATES TITLED	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 1	
COLOR CODE (enter appropriate code)* UPPER O	MOBILE HOME LGTH 0	WIDTH 0	# AXLES 0	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # 775096		

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) U333962	CLASSCODE/ISSUEYR(1)(3) 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
TDR STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)	USDOT / REGISTRANT # (7)	MOTOR CARRIER # (8)		

LIEN INFORMATION (if lien present)				LIEN DATE 06/30/2011
LIEN CODE	FIRST LIENHOLDER SUNTRUST BANK			
STREET 120 E BALTIMORE 25TH FL	CITY BALTIMORE	STATE MD	ZIP CODE 21202	
LIEN CODE	SECOND LIENHOLDER			LIEN DATE
STREET	CITY	STATE	ZIP CODE	

*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)		LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	ILU <input type="checkbox"/>
NAME		NAME			
ADDRESS		CITY			
		STATE			
		ZIP CODE			

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)				
SALE PRICE	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)				
<input type="checkbox"/> 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

Under 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 or its 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 11/30/2011
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INVOICE NUMBER 11334 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 11/30/2011	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	HJC27
OFFICE USE ONLY REGISTRATION FEE 79.75					
EMISSION: Trailer					
CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE 12.00	TITLE FEE 5.50
				TOTAL TAX COLLECTED .00	
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF
*SERVICE OPT FEE		ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION
					*TOTAL FEES COLLECTED 97.25