



OFFICIAL VEHICLE REGISTRATION

10233

City Stickers:

NEW OR CURRENT TITLE NUMBER 90041424	TRANSACTION CODE 001	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) <input checked="" type="checkbox"/> 4 MAO <input checked="" type="checkbox"/> N ILU <input checked="" type="checkbox"/> N					
LAST NAME BOWMAN SALES AND EQUIPMENT			FIRST NAME BOWMAN SALES AND EQUIPMENT		
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD			ADDRESS 2 (PHYSICAL)		
CITY WILLIAMSPORT		STATE MD	ZIP CODE 21795		
ITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 02/27/2012	*LEASED <input checked="" type="checkbox"/> 0 *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # 301 582 1793	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #

VEHICLE INFORMATION											
VIN 1DTV11521VA256787	MAKE DORS	MODEL AID	YEAR 1997	BODY SE	TITLE BRAND - list the appropriate code (N)NEW (1)RECONSTRUCTED VEHICLE (U)USED (2)FLOOD DAMAGE (D)DEMO (3)SPECIALLY CONSTRUCTED (8)PARTS ONLY	CODE U	TYPE OF FUEL - list the appropriate code GAS (1) ELECTRIC/HYBRID (3) DIESEL (2) PROPANE (4)		CODE 9		
SURRENDERED TITLE # 71927213	STATE TN	PREVIOUS STATES TITLED OH	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 18,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)			CODE 1		
COLOR CODE (enter appropriate code)* JPPER LOWER O	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION			COMPANY VEHICLE # 10233			

*PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS									
*PLATE #(1) U357147	CLASS CODE/ISSUE YR(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		
IDR STICKER #(4)	TEMP OPERATOR PERMIT #(3)	# OF SEATS(5)	ZONE(COUNTY NAME)(6)		USDOT / REGISTRANT #(7)	MOTOR CARRIER #(8)			

LIEN INFORMATION (if lien present)									
JEN CODE	FIRST LIENHOLDER								LIEN DATE
STREET			CITY			STATE		ZIP CODE	
JEN 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"/> RTND DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE				

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.			SIGNATURE OF CERTIFIER/OWNER				POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)			DATE 05/15/2012
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VOICE NUMBER 12136 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 05/15/2012	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W.F. (BILL) KNOWLES				KAR46
OFFICE USE ONLY REGISTRATION FEE 79.75	EMISSION: Trailer		(total fees collected indicated certifies this form as a valid registration)					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	COUNTY WHEEL TAX	CITY STICKER FEE	
SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED 97.25			