



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

OFFICIAL VEHICLE REGISTRATION



City Stickers:

NEW OR CURRENT TITLE NUMBER 93597770	TRANSACTION CODE N01	REGISTRATION ONLY NUMBER	STATE
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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 20 CHARACTERS) <input type="checkbox"/> 4						MAD <input checked="" type="checkbox"/> N		ILU <input checked="" type="checkbox"/> N															
LAST NAME BOWMAN TRAILER LEASING LLC			FIRST NAME			MIDDLE INITIAL			LAST NAME			FIRST NAME			MIDDLE INITIAL								
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD						ADDRESS 2 (PHYSICAL)																	
CITY WILLIAMSPORT				STATE MD		ZIP CODE 21795				CITY				STATE		ZIP CODE							
CITY OF RESIDENCE/PRINCIPAL BUS OR INDOOR LOCATION HAMILTON 033				PURCHASE DATE 03/27/2014				*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>				TELEPHONE # 240 772 5501				*PLACARD/HEARING IMPAIRED CLS/YR				*INSURANCE POLICY #			

VIN 2MN01JAH341003460												MAKE TRIM		MODEL 2MN		YEAR 2004		BODY SE		TITLE BRAND - translation USED				CODE U		TYPE OF FUEL - translation				CODE 9	
SURRENDERED TITLE # 59694319801				STATE PA		PREVIOUS STATES TITLED				VEHICLE USE F		VEHICLE TYPE S		CURRENT MILEAGE				ODOMETER ACTUAL (0) NOT ACTUAL (8) <small>(INDICATOR OVER 10 YRS / 15,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9))</small>				CODE 1									
COLOR CODE (enter appropriate code)* UPPER O				MOBILE HOME LGTH WOTH				# OF AXLES		GROSS VEHICLE WEIGHT				*VEHICLE TRADE-IN DESCRIPTION				COMPANY VEHICLE # 1047													

PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS																	
PLATE #(1) U493551		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			
TDR STICKER #(4)		TEMP OPERATOR PERMIT #(3)		# OF SEATS(5)		ZONE(COUNTY NAME)(8)				USDOT / REGISTRANT #(7)				MOTOR CARRIER #(8)			

LIEN INFORMATION (if lien present)															
LIEN CODE		FIRST LIENHOLDER SUNTRUST BANK										LIEN DATE 03/27/2014			
STREET 120 E BALTIMORE ST 25 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"/>						MAD <input type="checkbox"/>		ILU <input type="checkbox"/>	
NAME															
ADDRESS															
CITY				STATE				ZIP CODE							

VEHICLE COST / TAX INFORMATION (required for Title & Registration Transactions)														
SALE PRICE			TRADE IN ALLOWANCE			TAXABLE AMOUNT			SALES TAX PAID			*TAX EXEMPTION REASON / SALES TAX #		
DEALER NAME						DEALER ADDRESS						DEALER #		

*Required for Duplicate Title - T.C.A. 55-3-115 (submit legible 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 05/09/2014	
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INVOICE NUMBER 14129 @		COUNTY NAME HAMILTON		CO NUMBER 33		DATE OF APPLICATION 05/09/2014		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES/COUNTY CLERK W.F. (BILL) KNOWLES				HCM27	
OFFICE USE ONLY													
REGISTRATION FEE 79.75													
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		CITY STICKER FEE	
*SERVICE OPT FEE		ORGAN DONOR		POSTAGE		VER		ID / RESIDENCY VERIFICATION				*TOTAL FEES COLLECTED 97.25	