



# OFFICIAL VEHICLE REGISTRATION

## City Stickers:

1060

NEW OR CURRENT TITLE NUMBER <b>92781690</b>		TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER	
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"/> ILU <input checked="" type="checkbox"/>				
LAST NAME <b>BOWMAN TRAILER LEASING LLC</b>		FIRST NAME <b>BOWMAN TRAILER LEASING LLC</b>	MIDDLE INITIAL <b>BOWMAN TRAILER LEASING LLC</b>	
ADDRESS 1 (MAILING) <b>10233 GOVERNOR LN BLVD</b>		ADDRESS 2 (PHYSICAL)		
CITY <b>WILLIAMSPORT</b>	STATE <b>MD</b>	ZIP CODE <b>21795</b>	CITY	STATE ZIP CODE
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>07/23/2013</b>	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # <b>301 582 1793</b>	*PLACARD/HEARING IMPAIRED CLS/YR *INSURANCE POLICY #
VEHICLE INFORMATION				
VIN <b>1S12E95347E513891</b>	MAKE <b>STRI</b>	MODEL <b>1S1</b>	YEAR <b>2007</b>	BODY <b>SE</b>
TITLE BRAND - translation <b>USED</b>		CODE <b>U</b>	TYPE OF FUEL - translation CODE <b>9</b>	
SURRENDERED TITLE # <b>4802890773</b>	STATE <b>OH</b>	PREVIOUS STATES TITLED	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>
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 <b>1</b>	
COLOR CODE (enter appropriate code)* UPPER <b>O</b>	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION COMPANY VEHICLE # <b>1060</b>
PLATE INFORMATION (Required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS				
PLATE # (1) <b>U475340</b>	CLASSCODE/ISSUEYR (1)(3) <b>8020/1994</b>	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)
*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3) <b>PERMANENT</b>		
TDR STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)	USDOT / REGISTRANT # (7)
MOTOR CARRIER # (8)				
LIEN INFORMATION (If Lien Granted)				
LIEN CODE	FIRST LIENHOLDER <b>SUNTRUST BANK</b>			LIEN DATE <b>07/23/2013</b>
STREET <b>120 E BALTIMORE ST 25 FL</b>	CITY <b>BALTIMORE</b>		STATE <b>MD</b>	ZIP CODE <b>21202</b>
LIEN CODE	SECOND LIENHOLDER			LIEN DATE
STREET	CITY		STATE	ZIP CODE
LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)				
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. 56-3-115 (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 <b>10/28/2013</b>
INVOICE NUMBER <b>13301 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>10/28/2013</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES HCM27</b>
OFFICE USE ONLY EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration)				
REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE
ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>	TOTAL TAX COLLECTED <b>.00</b>		
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 <b>97.25</b>				