



OFFICIAL VEHICLE REGISTRATION

City Stickers:

NEW OR CURRENT TITLE NUMBER 90048977	TRANSACTION CODE 001	REGISTRATION ONLY NUMBER 11187
--	--------------------------------	--

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 MAU <input type="checkbox"/> ILU <input type="checkbox"/>					
LAST NAME BOWMAN SALES AND EQUIPMENT INC	FIRST NAME 	MIDDLE INITIAL 	LAST NAME 	FIRST NAME 	MIDDLE INITIAL
ADDRESS 1 (MAILING) 10233 GOVENOR LANE BLVD			ADDRESS 2 (PHYSICAL) 		
CITY WILLIAMSPORT	STATE MD	ZIP CODE 21795-0433	CITY 	STATE 	ZIP CODE
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 02/27/2012	*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 301 582 1793	*PLACARD/HEARING IMPAIRED CLS/YR 	*INSURANCE POLICY #

VEHICLE INFORMATION															
VIN 1JJV532W77L026475	MAKE WABA	MODEL 1JJ	YEAR 2007	BODY SE	TITLE BRAND - list the appropriate code (N) NEW (U) USED (D) DEMO (S) SPECIALLY CONSTRUCTED (B) PARTS ONLY	CODE U	TYPE OF FUEL - list the appropriate code GAS (1) ELECTRIC/HYBRID (3) DIESEL (2) PROPANE (4)	CODE 9							
SURRENDERED TITLE # 74835051	STATE TN	PREVIOUS STATES TITLED MO	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 LOWER O	MOBILE HOME LGTH WIDTH 	# AXLES 	GROSS VEHICLE WEIGHT 	*VEHICLE TRADE-IN DESCRIPTION 	COMPANY VEHICLE # 11187										

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) U357793	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) (6) 	USDOT / REGISTRANT # (7) 	MOTOR CARRIER # (8) 		

LIEN INFORMATION (if lien present)			
LIEN CODE 	FIRST LIENHOLDER 	LIEN DATE 	
STREET 		CITY 	STATE
ZIP CODE 			
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"/>	MAU <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

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 05/22/2012
--	--	---	--	---	---------------------------

INVOICE NUMBER 12143 @		COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 05/22/2012	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES		HJC27	
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 	COUNTY WHEEL TAX 	CITY STICKER FEE
*SERVICE OPT FEE 		ORGAN DONOR 	POSTAGE 	VER 	ID / RESIDENCY VERIFICATION 	*TOTAL FEES COLLECTED 97.25		