



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

OFFICIAL VEHICLE REGISTRATION



City Stickers:

NEW OR CURRENT TITLE NUMBER 93598216	TRANSACTION CODE N01	REGISTRATION ONLY NUMBER	STATE 1162
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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 type="checkbox"/> 4 <input type="checkbox"/> MAC <input checked="" type="checkbox"/> N <input type="checkbox"/> LU <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 INCORP 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 # 		

VEHICLE INFORMATION																		
VIN 1GRAA06234D407728			MAKE GDAN		MODEL 1GR		YEAR 2004		BODY SE		TITLE BRAND - translation USED		CODE U		TYPE OF FUEL - translation 		CODE 9	
SURRENDERED TITLE # 59582987501			STATE PA		PREVIOUS STATES TITLED 		VEHICLE USE F		VEHICLE TYPE S		CURRENT MILEAGE 		ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 15,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)				CODE 1	
COLOR CODE (enter appropriate code)* UPPER O		MOBILE HOME LGTH 		WIDTH 		# AXLES 		GROSS VEHICLE WEIGHT 		*VEHICLE TRADE-IN DESCRIPTION 				COMPANY VEHICLE # 1162				

PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS											
PLATE #(1) U493686		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 exists)					
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"/>	MAC <input type="checkbox"/>	LU <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 #

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RT'ND DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
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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 05/12/2014
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INVOICE NUMBER 14132 @	COUNTY NAME HAMILTON	GO NUMBER 33	DATE OF APPLICATION 05/12/2014	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	COUNTY WHEEL TAX	CITY STICKER FEE
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION			*TOTAL FEES COLLECTED 97.25