



OFFICIAL VEHICLE REGISTRATION

120882

Stickers:

VEHICLE OR CURRENT TITLE NUMBER 0475967	TRANSACTION CODE N01	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) 4		MAO <input checked="" type="checkbox"/> N ILU <input checked="" type="checkbox"/> N
OWNER NAME BOWMAN TRAILER LEASING LLC	FIRST NAME BOWMAN	MIDDLE INITIAL T

ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD	ADDRESS 2 (PHYSICAL)
CITY MILLIAMSPORT	STATE MD
ZIP CODE 21795	CITY MILLIAMSPORT

OFFICE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 06/29/2012	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 301 582 1793	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
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VEHICLE INFORMATION	MAKE GDAN	MODEL 1PN	YEAR 2000	BODY SE	TITLE BRAND - translation	CODE U	TYPE OF FUEL - translation	CODE 9
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PREVIOUSLY REGISTERED TITLE # 0923576273	STATE OR	PREVIOUS STATES TITLED	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
VEHICLE OR CODE (enter appropriate code) 0	MOBILE HOME LGTH 0	WDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 120882	

*SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) J379827	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
REGISTRATION 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 SUNTRUST BANK	CITY BALTIMORE	STATE MD
	ADDRESS 120 E BALTIMORE ST 25 FL	ZIP CODE 21202	LIEN DATE 06/29/2012
LIEN CODE	SECOND LIENHOLDER	CITY	STATE
	ADDRESS	ZIP CODE	LIEN DATE

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)				
VEHICLE 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"/> RT'ND DUE TO NON DELIEVERY	<input type="checkbox"/> ALTERED
<input type="checkbox"/> ILLEGIBLE				

I, the undersigned, for 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 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 08/15/2012

COUNTY NUMBER 12228 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 08/15/2012	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	HJC27
*TOTAL FEES COLLECTED INDICATED CERTIFIES THIS FORM AS A VALID REGISTRATION					
REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE 12.00
					TITLE FEE 5.50
					TOTAL TAX COLLECTED .00
IMPUTATION OF SALES TAX <input type="checkbox"/> USE TAX <input type="checkbox"/>	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