



# OFFICIAL VEHICLE REGISTRATION

12393

**City Stickers:**

VEHICLE OR CURRENT TITLE NUMBER <b>10490916</b>	TRANSACTION CODE <b>001</b>	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) <b>4</b>		MAO <input checked="" type="checkbox"/> <b>N</b> ILU <input checked="" type="checkbox"/> <b>N</b>
OWNER NAME <b>BOWMAN TRAILER LEASING LLC</b>	FIRST NAME <b>BOWMAN</b>	MIDDLE INITIAL <b>TR</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>
OFFICE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>02/27/2012</b>	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>
TELEPHONE # <b>301 582 1793</b>	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #

VEHICLE IDENTIFICATION NUMBER <b>1JVV532W66L002957</b>	MAKE <b>WABA</b>	MODEL <b>1JJ</b>	YEAR <b>2006</b>	BODY <b>SE</b>	TITLE BRAND - translation <b>USED</b>	CODE <b>U</b>	TYPE OF FUEL - translation	CODE <b>9</b>
PREVIOUS TITLE # <b>1941109</b>	STATE <b>TN</b>	PREVIOUS STATES TITLED <b>TN</b>	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>	
VEHICLE OR CODE (enter appropriate code) LOWER <b>0</b>	MOBILE HOME LGTH <b>0</b>	WIDTH <b>0</b>	# AXLES <b>0</b>	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # <b>12393</b>		

**NOTE INFORMATION \*required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS**

VEHICLE # (1) <b>J398605</b>	CLASS CODE/ISSUE YR (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>
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	CITY	STATE	ZIP CODE	LIEN DATE
LIEN CODE	SECOND LIENHOLDER	CITY	STATE	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		CITY	
ADDRESS		STATE	ZIP CODE

**VEHICLE COST / TAX INFORMATION \*required for Title & Registration Transactions)**

NET 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. 55-3-116 (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
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or 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 assignees to determine the accuracy of the information provided by me or on my behalf.

NATURE OF CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)	DATE <b>10/01/2012</b>
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OFFICE NUMBER <b>12275 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>10/01/2012</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>	<b>HJC27</b>
*EMISSION: Trailer					
REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	(total fees collected indicated certifies this form as a valid registration)
ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>	TOTAL TAX COLLECTED <b>.00</b>			
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
DRIVE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	TOTAL FEES COLLECTED <b>97.25</b>