



# OFFICIAL VEHICLE REGISTRATION

127086

<b>Stickers:</b> OR CURRENT TITLE NUMBER <b>0511925</b>		TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER <b>4</b>	MAO <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/>
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)				
FIRST NAME <b>LOWMAN TRAILER LEASING LLC</b>		MIDDLE INITIAL <b></b>		LAST NAME <b></b>
FIRST NAME <b>WILLIAMSPORT</b>		MIDDLE INITIAL <b>MD</b>		LAST NAME <b>21795</b>
ADDRESS 1 (MAILING) <b>PO BOX 433 % 10233 GOVERNOR LN BLVD</b>		ADDRESS 2 (PHYSICAL) <b></b>		STATE <b>MD</b>
CITY <b>HAMILTON 033</b>		ZIP CODE <b>21795</b>		CITY <b></b>
PURCHASE DATE <b>12/14/2012</b>		*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS		TELEPHONE # <b>301 582 1793</b>
*PLACARD/HEARING IMPAIRED CLS/YR <b></b>		*INSURANCE POLICY # <b></b>		COMPANY VEHICLE # <b>127086</b>
VEHICLE INFORMATION				
MAKE <b>GDAN</b>	MODEL <b>1PN</b>	YEAR <b>2000</b>	BODY <b>SE</b>	TITLE BRAND - translation <b>USED</b>
COLOR CODE (enter appropriate code) UPPER <b>O</b>	MOBILE HOME LGTH <b></b>	WIDTH <b></b>	# AXLES <b></b>	GROSS VEHICLE WEIGHT <b></b>
ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9)		CURRENT MILEAGE <b></b>		CODE <b>U</b>
TYPE OF FUEL - translation <b></b>		CODE <b>9</b>		CODE <b>1</b>
PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS				
PLATE # (1) <b>U402135</b>	CLASS CODE/ISSUE YR(1)(3) <b>8020/1994</b>	VALIDATION # (1) <b></b>	COUNTY STICKER # (1) <b></b>	CITY STICKER # (1)(2) <b></b>
*PLATE # (TRADE IN)(2) <b></b>		CLASS CODE/ISSUE YR(2) <b></b>		EXPIRATION DATE (1)(2)(3) <b>PERMANENT</b>
MOTOR CARRIER # (8) <b></b>		USDOT / REGISTRANT # (7) <b></b>		MOTOR CARRIER # (8) <b></b>
LIEN INFORMATION (if lien present)				
LIEN CODE <b></b>	FIRST LIENHOLDER <b>SUNTRUST BANK</b>			LIEN DATE <b>12/14/2012</b>
STREET <b>120 E BALTIMORE ST 25 FL</b>		CITY <b>BALTIMORE</b>	STATE <b>MD</b>	ZIP CODE <b>21202</b>
*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)				
NAME <b></b>		LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/> ILU <input type="checkbox"/>
ADDRESS <b></b>		CITY <b></b>	STATE <b></b>	ZIP CODE <b></b>
VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)				
SALE PRICE <b></b>	TRADE IN ALLOWANCE <b></b>	TAXABLE AMOUNT <b></b>	SALES TAX PAID <b></b>	*TAX EXEMPTION REASON / SALES TAX # <b></b>
DEALER NAME <b></b>		DEALER ADDRESS <b></b>		DEALER # <b></b>
*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				DATE <b>12/27/2012</b>
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 <b></b>
POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) <b></b>				DATE <b>12/27/2012</b>
INVOICE NUMBER <b>12362 @</b>				
COUNTY NAME <b>HAMILTON</b>		CO NUMBER <b>33</b>	DATE OF APPLICATION <b>12/27/2012</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>
(total fees collected indicated certifies this form as a valid registration)				
OFFICE USE ONLY REGISTRATION FEE <b>79.75</b>	CREDIT <b></b>	LEASE FEE <b></b>	TRANS FEE <b></b>	CLERK FEE <b>12.00</b>
TITLE FEE <b>5.50</b>		TOTAL TAX COLLECTED <b>.00</b>		CITY STICKER FEE <b></b>
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX		SALES OR USE TAX <b></b>	SA TAX <b></b>	LOCAL TAX <b></b>
*SERVICE OPT FEE <b></b>		POSTAGE <b></b>	VER <b></b>	ID / RESIDENCY VERIFICATION <b></b>
*TOTAL FEES COLLECTED <b>97.25</b>				RDA-692
Check: 0.00		Check#:	Credit: 0.00	Auth#:
Change: 0.00		RDA-692		