



140768

NEW OR CURRENT TITLE NUMBER		84170311		REGISTRATION ONLY NUMBER		001	
OWNER INFORMATION LEGAL STATUS: 1 (AND) 2 (OR)		ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS)		MIDDLE INITIAL		LAST NAME	
BOWMAN SALES AND EQUIPMENT INC		FIRST NAME		MIDDLE INITIAL		LAST NAME	
ADDRESS 1 (MAILING)		PO BOX 433 %		10233 GOVERNOR LN BLVD		CITY	
WILLIAMSPORT		STATE		MD		ZIP CODE	
CITY		STATE		ZIP CODE		CITY	
HAMILTON 033		PURCHASE DATE		06/30/2011		LEASED <input type="checkbox"/> SERVICE OPTIONS <input type="checkbox"/>	
CITY OF RESIDENCE/PRINCIPAL BUS OR INCOMP. LOCATION		TELEPHONE #		301 582 1793		PLACARD/HEARING IMPAIRED CLS/YR	
INSURANCE POLICY #		PLACARD/HEARING IMPAIRED CLS/YR		INSURANCE POLICY #			
VIN		MAKE		MODEL		YEAR	
1GRAA06201S00506		GDAN		741		2001	
SURRENDERED TITLE #		STATE		PREVIOUS STATES TITLED		VEHICLE USE	
59901663		TN		TN		S	
COLOR CODE (enter appropriate code)		MOBILE HOME LGTH		# AXLES		GROSS VEHICLE WEIGHT	
O							
PLATE # (1)		CLASS CODE/ISSUE YR (1)(2)		VALIDATION # (1)		COUNTY STICKER # (1)	
U326968		8020/1994					
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)		FIRST LIENHOLDER		LIEN DATE			
SUNTRUST BANK		06/30/2011					
STREET		CITY		STATE		ZIP CODE	
120 E BALTIMORE 25TH FL		BALTIMORE		MD		21202	
LIEN CODE		SECOND LIENHOLDER		LIEN DATE			
ADDRESS		CITY		STATE		ZIP CODE	
NAME		LEGAL STATUS		NAME CODE		MAO <input type="checkbox"/> ILU <input type="checkbox"/>	
VEHICLE COST / TAX INFORMATION (required for Title & Registration Transactions)		TRADE IN ALLOWANCE		TAXABLE AMOUNT		SALESTAX PAID	
DEALER NAME		DEALER ADDRESS		DEALER #			
LOST <input type="checkbox"/>		STOLEN <input type="checkbox"/>		MULTIPLATED <input type="checkbox"/>		RTND DUE TO NON DELIVERY <input type="checkbox"/>	
ALTERED <input type="checkbox"/>		ILLEGIBLE <input type="checkbox"/>					
Under parties of penalty, 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 assigns to determine the accuracy of the information provided by me or on my behalf.		POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)		DATE			
INVOICE NUMBER		COUNTY NAME		CO NUMBER		DATE OF APPLICATION	
11273 @		HAMILTON		33		09/30/2011	
OFFICE USE ONLY		EMISSION: Trailer		(total fees collected indicated certifies this form as a valid registration)			
REGISTRATION FEE		LEASE FEE		TRANS FEE		CLERK FEE	
79.75							
COMPUTATION OF		SALES OR USE TAX		LOCAL TAX		ADDITIONAL TAX	
SALES TAX <input type="checkbox"/>		USE TAX <input type="checkbox"/>					
ORGAN DONOR		POSTAGE		VER		ID / RESIDENCY VERIFICATION	
.SERVICE OPT FEE							
TOTAL FEES COLLECTED		97.25					
CITY STICKER FEE		.00					
ISSUANCE FEE		12.00					
TITLE FEE		5.50					
TOTAL TAX COLLECTED		.00					
CITY WHEEL TAX							
CREDIT							
CASH: 0.00		CHECK#: 0.00		CREDIT: 0.00		AUTH#: 0.00	
CHANGE: 0.00		RDA-692					

City Stickers: