



# OFFICIAL VEHICLE REGISTRATION

141787

**City Stickers:**

WORK OR CURRENT TITLE NUMBER <b>30481814</b>	TRANSACTION CODE <b>001</b>	REGISTRATION ONLY NUMBER
---	--------------------------------	--------------------------

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) **4** MAO  ILU

OWNER NAME <b>BOWMAN TRAILER LEASING LLC</b>	FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL
---	------------	----------------	-----------	------------	----------------

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>	CITY	STATE	ZIP CODE
-----------------------------	--------------------	--------------------------	------	-------	----------

CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>06/29/2012</b>	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # <b>301 582 1793</b>	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
---	------------------------------------	--	------------------------------------	----------------------------------	---------------------

**VEHICLE INFORMATION**

VIN <b>1PT01JAH1Y6010181</b>	MAKE <b>TRIM</b>	MODEL <b>01J</b>	YEAR <b>2000</b>	BODY <b>SE</b>	TITLE BRAND - translation	CODE <b>U</b>	TYPE OF FUEL - translation	CODE <b>9</b>
---------------------------------	---------------------	---------------------	---------------------	-------------------	---------------------------	------------------	----------------------------	------------------

PREVIOUS TITLE # <b>59902497</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 (9) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9)	CODE <b>1</b>
-------------------------------------	--------------------	-------------------------------------	-------------------------	--------------------------	-----------------	--	------------------

VEHICLE OR CODE (enter appropriate code) *LOWER <b>0</b>	MOBILE HOME LGTH WDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # <b>141787</b>
--	-----------------------------	---------	----------------------	-------------------------------	------------------------------------

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

PLATE # (1) <b>J381618</b>	CLASSCODE/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>
R 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 <b>SUNTRUST BANK</b>	LIEN DATE <b>06/29/2012</b>
STREET <b>120 E BALTIMORE ST 25 FL</b>	CITY <b>BALTIMORE</b>	STATE <b>MD</b>
		ZIP CODE <b>21202</b>
LIEN CODE	SECOND LIENHOLDER	LIEN DATE
STREET	CITY	STATE
		ZIP CODE

**REGISTRANT / REGISTRANT INFORMATION (OWNER OF PLATE)**

REGISTRANT NAME	LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	ILU <input type="checkbox"/>
REGISTRANT NAME	NAME			
REGISTRANT ADDRESS	CITY			
	STATE			
	ZIP CODE			

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

VEHICLE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALES TAX PAID	TAX EXEMPTION REASON / SALES TAX #
DEALER NAME	DEALER ADDRESS			DEALER #

**VEHICLE CONDITION (required for Duplicate Title - T.C.A. 55-9-115 (submit flexible or altered Certificate of Title))**

LOST   
  STOLEN   
  MUTILATED   
  RT'ND DUE TO NON DELIEVERY   
  ALTERED   
  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 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>09/04/2012</b>
---------------------------	--	---------------------------

OFFICE NUMBER <b>12248 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>09/04/2012</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>	<b>HJC27</b>
---------------------------------	--------------------------------	------------------------	--	--	--------------

REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>	TOTAL TAX COLLECTED <b>.00</b>
COMPUTATION OF 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 <b>97.25</b>		