



150150

City Stickers: 84173741
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) (OVER 28 CHARACTERS)
FIRST NAME: BOWMAN SALES AND EQUIPMENT INC
MIDDLE INITIAL:
LAST NAME:
ADDRESS 1 (MAILING): PO BOX 433 % 10233 GOVERNOR LN BLVD
CITY: MD 21202
STATE: ZIP CODE: CITY: ADDRESS 2 (PHYSICAL):
INSURANCE POLICY #

WILLIAMSPORT HAMILTON 033
PURCHASE DATE: 06/30/2011
LEASED SERVICE OPTIONS
TELEPHONE # 301 582 1793
PLACARD/HEARING IMPAIRED CLS/YR
INSURANCE POLICY #

VEHICLE INFORMATION
VIN: 1S12E9533YS466341
MAKE: STRI MODEL: S75 YEAR: 2000
TITLE BRAND - list the appropriate code (1) RECONSTRUCTED VEHICLE (2) FLOOD DAMAGE (3) USED (4) DEMO (5) PARTS ONLY
BODY: SE
VEHICLE USE: F
VEHICLE TYPE: S
CURRENT MILEAGE:
INDICATOR OVER 10 YRS / 16,000 LBS (1) (last one) IN EXCESS OF MECHANICAL LIMITS (9)
CODE: 1
SUBMITTED TITLE # 60272723
MOBILE HOME LGTH WIDTH
COLOR CODE (enter appropriate code) LOWER
0

PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS
PLATE # (1): U329074
CLASS CODE/ISSUE YR (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
MOTOR CARRIER # (8):
TEMP OPERATOR PERMIT # (3):
OF SEAT(S) (6):
ZONE/COUNTY NAME (6):
USDOT / REGISTRANT # (7):
MOTOR CARRIER # (8):

LIEN INFORMATION (if lien present)
LIEN CODE: FIRST LIENHOLDER: SUNTRUST BANK
LIEN DATE: 06/30/2011
LIEN CODE: SECOND LIENHOLDER:
STREET: 120 E BALTIMORE 25TH FL
CITY: BALTIMORE STATE: MD ZIP CODE: 21202
STREET: CITY: STATE: ZIP CODE:
LIEN CODE: LIEN DATE:

LESSOR / REGISTRATION INFORMATION (OWNER OF PLATE)
LEGAL STATUS: NAME CODE: MAO ILU
NAME: ADDRESS: CITY: STATE: ZIP CODE:
VEHICLE COST / TAX INFORMATION (required for Title & Registration Transactions)
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. 55-3-115 (submit illegible or altered Certificate of Title)
 LOST STOLEN MUTILATED RETURNED TO NON DELIVERY ALTERED ILLEGIBLE
SIGNATURE OF CERTIFIER/OWNER: POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE): DATE: 10/11/2011

INVOICE NUMBER: COUNTY NAME: HAMILTON
CO NUMBER: 33
DATE OF APPLICATION: 10/11/2011
BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK): W.F. (BILL) KNOWLES
OFFICE USE ONLY: EMISSION: Trailer
REGISTRATION FEE: LEASE FEE: TRANS FEE: CLERK FEE: ISSUANCE FEE: TITLE FEE: TOTAL TAX COLLECTED: .00
79.75
COMPUTATION OF: SALES OR USE TAX: SA TAX: LOCAL TAX: ADDITIONAL TAX: COLLECTED IN STATE OF: COUNTY WHEEL TAX: CITY STICKER FEE: TOTAL FEES COLLECTED: 97.25
SALES OR USE TAX: ORGAN DONOR: POSTAGE: VER: ID / RESIDENCY VERIFICATION: SERVICE OPT FEE:
CASH: 0.00 CHECK: 0.00 CREDIT: 0.00 AUTH#: Change: 0.00 HDA-692