



TENNESSEE DEPARTMENT OF REVENUE
 VEHICLE TAXPAYER SERVICES DIVISION
 MULTI-PURPOSE APPLICATION
 OFFICIAL VEHICLE REGISTRATION



City Stickers:

NEW OR CURRENT TITLE NUMBER 84174642	TRANSACTION CODE 004	REGISTRATION ONLY NUMBER 3313939	STATE
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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) 5						MAO <input checked="" type="checkbox"/> N	ILU <input checked="" type="checkbox"/> N
LAST NAME BOWMAN SALES AND EQUIPMENT INC			FIRST NAME BOWMAN SALES AND EQUIPMENT INC			MIDDLE INITIAL	
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD				ADDRESS 2 (PHYSICAL)			
CITY WILLIAMSPORT		STATE MD	ZIP CODE 21795		CITY		STATE MD
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033		PURCHASE DATE 06/30/2011		*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS		TELEPHONE # 301 582 1793	*PLACARD/HEARING IMPAIRED CLS/YR
*INSURANCE POLICY #							

VEHICLE INFORMATION											
VIN 1GRAA06251K238352		MAKE GDAN	MODEL 1GR	YEAR 2001	BODY SE	TITLE BRAND - translation USED		CODE U	TYPE OF FUEL - translation		CODE 9
SURRENDERED TITLE #		STATE TN	PREVIOUS STATES TITLED TN		VEHICLE USE F	VEHICLE TYPE S	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 1
COLOR CODE (enter appropriate code)* UPPER O LOWER		MOBILE HOME LGTH WIDTH		# AXLES	GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION			COMPANY VEHICLE # 184474	

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS										
PLATE #(1) U522363	CLASSCODE/ISSUEYR(1)(3) 8020/1994	VALIDATION #(1)	COUNTY STICKER #(1)	CITY STICKER #(1)(2)	*PLATE #(TRADE IN)(2) U329503	CLASS CODE/ISSUE YR(2) 8020 1994	EXPIRATION DATE (1)(2)(3) PERMANENT			
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)										
LIEN CODE	FIRST LIENHOLDER									LIEN DATE
STREET			CITY				STATE		ZIP CODE	
LIEN CODE	SECOND LIENHOLDER									LIEN DATE
STREET			CITY				STATE		ZIP CODE	

*LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE)											
LEGAL STATUS <input type="checkbox"/>					NAME CODE <input type="checkbox"/>		MAO <input type="checkbox"/>		ILU <input type="checkbox"/>		
NAME					NAME						
ADDRESS					CITY				STATE		ZIP CODE

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)										
SALE PRICE	TRADE IN ALLOWANCE		TAXABLE AMOUNT			SALESTAX 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)										
<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTN'D DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE					

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	POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)	DATE 06/13/2014
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INVOICE NUMBER 14164 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 06/13/2014	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W.F. (BILL) KNOWLES			HCM27
OFFICE USE ONLY EMISSION: NOT APPLICABLE (total fees collected indicated certifies this form as a valid registration)							
REGISTRATION FEE	CREDIT	LEASE FEE	TRANS FEE 11.75	CLERK FEE	ISSUANCE FEE 2.50	TITLE FEE	TOTAL TAX COLLECTED .00
COMPUTATION OF <input type="checkbox"/> 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 14.25		