



OFFICIAL VEHICLE REGISTRATION

189131

City Stickers:

VEHICLE OR CURRENT TITLE NUMBER: **4174448** TRANSACTION CODE: **N01** REGISTRATION ONLY NUMBER: **189131**

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) **5** MAO ILU

BUYER NAME: **BOWMAN SALES AND EQUIPMENT INC** FIRST NAME: **BOWMAN** MIDDLE INITIAL: **S** LAST NAME: **SALES AND EQUIPMENT INC** FIRST NAME: **SALES AND EQUIPMENT INC** MIDDLE INITIAL: **S**

ADDRESS 1 (MAILING): **PO BOX 433 % 10233 GOVERNOR LN BLVD** ADDRESS 2 (PHYSICAL): **MILLIAMSPORT MD 21202**

CITY: **MILLIAMSPORT** STATE: **MD** ZIP CODE: **21202**

OFFICE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION: **HAMILTON 033** PURCHASE DATE: **06/30/2011** TELEPHONE #: **301 582 1793** *PLACARD/HEARING IMPAIRED CLS/YR: **0** *INSURANCE POLICY #: **0**

VEHICLE INFORMATION

VIN: **1GKRAA06231G318848** MAKE: **GDAN** MODEL: **1GR** YEAR: **2001** BODY: **SE** TITLE BRAND: **NEW** CODE: **U** TYPE OF FUEL: **U** CODE: **9**

PREVIOUS TITLE #: **0013787412** STATE: **OR** PREVIOUS STATES TITLED: **OR** VEHICLE USE: **F** VEHICLE TYPE: **S** CURRENT MILEAGE: **0** ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9): **1**

VEHICLE OR CODE (enter appropriate code)*: **0** MOBILE HOME LGTH: **0** WIDTH: **0** # AXLES: **0** GROSS VEHICLE WEIGHT: **0** *VEHICLE TRADE-IN DESCRIPTION: **0** COMPANY VEHICLE #: **189131**

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

PLATE # (1): **U329436** CLASS CODE/ISSUE YR (1)(3): **8020/1994** VALIDATION # (1): **0** COUNTY STICKER # (1): **0** CITY STICKER # (1)(2): **0** *PLATE # (TRADE IN) (2): **0** CLASS CODE/ISSUE YR (2): **0** EXPIRATION DATE (1)(2)(3): **PERMANENT**

REGISTRATION STICKER # (4): **0** TEMP OPERATOR PERMIT # (3): **0** # OF SEATS (5): **0** ZONE (COUNTY NAME) (6): **0** USDOT / REGISTRANT # (7): **0** MOTOR CARRIER # (8): **0**

LIEN INFORMATION (If lien present)

LIEN CODE: **0** FIRST LIENHOLDER: **SUNTRUST BANK** CITY: **BALTIMORE** STATE: **MD** ZIP CODE: **21202** LIEN DATE: **06/30/2011**

ADDRESS: **120 E BALTIMORE 25TH FL**

SECOND LIENHOLDER: **0**

REGISTRANT INFORMATION (OWNER OF PLATE)

REGISTRANT NAME: **0** LEGAL STATUS: NAME CODE: MAO: ILU: NAME: **0** CITY: **0** STATE: **0** ZIP CODE: **0**

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

VEHICLE PRICE: **0** TRADE IN ALLOWANCE: **0** TAXABLE AMOUNT: **0** SALES TAX PAID: **0** *TAX EXEMPTION REASON / SALES TAX #: **0**

DEALER NAME: **0** DEALER ADDRESS: **0** DEALER #: **0**

REQUIRED FOR DUPLICATE TITLE - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title)

LOST STOLEN MUTILATED RTND DUE TO NON DELIVERY ALTERED ILLEGIBLE

I, the undersigned, do hereby certify that the 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 determine the accuracy of the information provided by me or on my behalf.

SIGNATURE OF CERTIFIER/OWNER: **0** POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE): **0** DATE: **10/13/2011**

REGISTRATION INFORMATION

VOICE NUMBER: **11286 @** COUNTY NAME: **HAMILTON** CO NUMBER: **33** DATE OF APPLICATION: **10/13/2011** BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK): **W.F. (BILL) KNOWLES** HJC27

REGISTRATION FEES ONLY EMISSION: **Trailer** (total fees collected indicated certifies this form as a valid registration)

REGISTRATION FEE	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE	TITLE FEE	TOTAL TAX COLLECTED
79.75					12.00	5.50	.00
COMPUTATION OF SALES TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY STICKER FEE
<input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX							
SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED		
					97.25		