



OFFICIAL VEHICLE REGISTRATION

189136

City Stickers:

NEW OR CURRENT TITLE NUMBER: **84174462** TRANSACTION CODE: **N01** REGISTRATION ONLY NUMBER: **189136**

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

OWNER NAME: **BOWMAN SALES AND EQUIPMENT INC**

ADDRESS 1 (MAILING): **PO BOX 433 % 10233 GOVENOR LN BLVD**

ADDRESS 2 (PHYSICAL):

CITY: **WILLIAMSPORT MD 21202**

DATE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION: **HAMILTON 033** PURCHASE DATE: **06/30/2011**

*LEASED *SERVICE OPTIONS TELEPHONE #: **301 582 1793** *PLACARD/HEARING IMPAIRED CLS/YR: *INSURANCE POLICY #:

VEHICLE INFORMATION

VIN: **1GRAA06271G318853** MAKE: **GDAN** MODEL: **1GR** YEAR: **2001** BODY: **SE** TITLE BRAND: **U** TYPE OF FUEL: **9**

PREVIOUSLY REGISTERED TITLE #: **0013787417** STATE: **OR** PREVIOUS STATES TITLED: VEHICLE USE: **F** VEHICLE TYPE: **S** CURRENT MILEAGE: ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9): **1**

VEHICLE TRADE-IN DESCRIPTION: COMPANY VEHICLE #: **189136**

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

PLATE #: **U329440** CLASS CODE/ISSUE YR(1)(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**

REGISTRATION INFORMATION

REGISTRANT INFORMATION (OWNER OF PLATE): LEGAL STATUS: NAME CODE: MAO: ILU:

REGISTRANT INFORMATION (If lien present)

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

REGISTRANT INFORMATION (If lien present)

REGISTRANT: **120 E BALTIMORE 25TH FL** CITY: **BALTIMORE** STATE: **MD** ZIP CODE: **21202**

REGISTRANT INFORMATION (If lien present)

REGISTRANT: CITY: STATE: ZIP CODE:

REGISTRANT INFORMATION (If lien present)

REGISTRANT: CITY: STATE: ZIP CODE:

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

VEHICLE 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)

LOST STOLEN MUTILATED RTN'D DUE TO NON DELIVERY ALTERED ILLEGIBLE

DECLARATION: 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.

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

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

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 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: **97.25**