



OFFICIAL VEHICLE REGISTRATION

189158

City Stickers:
 WORK OR CURRENT TITLE NUMBER: **84174485** TRANSACTION CODE: **N01** REGISTRATION ONLY NUMBER: **189158**

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 **N** ILU **N**

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

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

ADDRESS 2 (PHYSICAL):

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

TYPE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION: **HAMILTON 033**

PURCHASE DATE: **06/30/2011**

TELEPHONE #: **301 582 1793**

*PLACARD/HEARING IMPAIRED CLS/YR: *INSURANCE POLICY #:

VEHICLE INFORMATION

VIN: **1GRAA06261G318875** MAKE: **GDAN** MODEL: **1GR** YEAR: **2001** BODY: **SE**

TITLE BRAND - list the appropriate code: **U** TYPE OF FUEL - list the appropriate code: **9**

PREVIOUS TITLED: **0013787439** STATE: **OR** 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**

COMPANY VEHICLE #: **189158**

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

PLATE # (1): **U329449** 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 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 HOLDER: **SUNTRUST BANK** LIEN DATE: **06/30/2011**

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

REGISTRANT INFORMATION (OWNER OF PLATE)

LEGAL STATUS: NAME CODE: MAO: ILU:

NAME: CITY: STATE: ZIP CODE:

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

SALE PRICE: 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 RTN'D DUE TO NON DELIVERY ALTERED ILLEGIBLE

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 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**

OFFICE 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 FEE: **79.75** EMISSION: **Trailer** (total fees collected indicated certifies this form as a valid registration)

ISSUANCE FEE: **12.00** TITLE FEE: **5.50** TOTAL TAX COLLECTED: **.00**

SALES TAX: USE TAX: SALES 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**