



# OFFICIAL VEHICLE REGISTRATION

189275

**City Stickers:**

VEHICLE OR CURRENT TITLE NUMBER: **84174418** TRANSACTION CODE: **N01** REGISTRATION ONLY NUMBER: **189275**

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: **ROWMAN SALES AND EQUIPMENT INC**

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

ADDRESS 2 (PHYSICAL):

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

OFFICE 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

VEHICLE IDENTIFICATION NUMBER: **1NNEA5321YM339126** MAKE: **MONN** MODEL: **1NN** YEAR: **2000** BODY: **SE** TITLE BRAND: **U** TYPE OF FUEL: **9**

PREVIOUS STATES TITLED: **OK** VEHICLE USE: **F** VEHICLE TYPE: **S** CURRENT MILEAGE: **189275**

ODOMETER INDICATOR: **1**

COMPANY VEHICLE #: **189275**

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

PLATE #: **U329412** CLASS CODE/ISSUE YR(1)(3): **8020/1994** VALIDATION #: EXPIRATION DATE (1)(2)(3): **PERMANENT**

REGISTRATION INFORMATION

REGISTRATION FEE: **0** MOBILE HOME LGTH: # AXLES: GROSS VEHICLE WEIGHT: \*VEHICLE TRADE-IN DESCRIPTION: COMPANY VEHICLE #:

LIEN INFORMATION (If lien present)

LIEN CODE: **SUNTRUST BANK** FIRST LIENHOLDER: **SUNTRUST BANK** LIEN DATE: **06/30/2011**

ADDRESS INFORMATION

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

ISSUE / REGISTRANT INFORMATION (OWNER OF PLATE)

ISSUE DATE: NAME: CITY: STATE: ZIP CODE:

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

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

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

LOST  STOLEN  MUTILATED  RT'ND DUE TO NON DELIVERY  ALTERED  ILLEGIBLE

CERTIFICATION

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

REGISTRATION FEE INFORMATION

COUNTY NAME: **HAMILTON** COUNTY 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** CREDIT: LEASE FEE: TRANS FEE: CLERK FEE: ISSUANCE FEE: **12.00** TITLE FEE: **5.50** TOTAL TAX COLLECTED: **.00**

SUBTOTAL: **97.25**