



# OFFICIAL VEHICLE REGISTRATION

189372

**City Stickers:**  
 NEW OR CURRENT TITLE NUMBER: **84174513**      TRANSACTION CODE: **N01**      REGISTRATION ONLY NUMBER: **189372**

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

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

REGISTRATION INFORMATION: HAMILTON 033      PURCHASE DATE: 06/30/2011      \*LEASED  \*SERVICE OPTIONS       TELEPHONE #: 301 582 1793      \*PLACARD/HEARING IMPAIRED\_CLS/YR:      \*INSURANCE POLICY #:

VEHICLE INFORMATION: MAKE: **STR**      MODEL: **1S1**      YEAR: **2000**      BODY: **SE**      TITLE BRAND: **U**      TYPE OF FUEL: **U**      CODE: **9**  
 PREVIOUS STATES TITLED: **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):      CODE: **1**  
 COMPANY VEHICLE #: **189372**

PLATE INFORMATION \*(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS  
 PLATE # (1): **U329459**      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**

LIEN INFORMATION (If lien present):  
 LIEN CODE:      FIRST LIENHOLDER: **SUNTRUST BANK**      LIEN DATE: **06/30/2011**  
 STREET: **120 E BALTIMORE 25TH FL**      CITY: **BALTIMORE**      STATE: **MD**      ZIP CODE: **21202**  
 SECOND LIENHOLDER:      LIEN DATE:

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

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 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 FEE: **79.75**      EMISSION: **Trailer**      (total fees collected indicated certifies this form as a valid registration)  
 CREDIT:      LEASE FEE:      TRANS FEE:      CLERK FEE:      ISSUANCE FEE: **12.00**      TITLE FEE: **5.50**      TOTAL TAX COLLECTED: **.00**  
 SALES TAX:      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: **97.25**