



OFFICIAL VEHICLE REGISTRATION

200149

Stickers:

OR CURRENT TITLE NUMBER: 84174415
TRANSACTION CODE: N01
REGISTRATION ONLY NUMBER: 200149

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

NAME: **OWMAN SALES AND EQUIPMENT INC**

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

ADDRESS 2 (PHYSICAL):

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

TELEPHONE #: **301 582 1793**

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

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

*LEASED *SERVICE OPTIONS

VEHICLE INFORMATION

MAKE: **STR** MODEL: **1S1** YEAR: **1998** BODY: **SE**

TITLE BRAND -list the appropriate code: **U**

TYPE OF FUEL - list the appropriate code: **9**

VEHICLE IDENTIFICATION NUMBER (VIN): **1S12E9537WD422635**

RENDERED TITLE #: **723097142070A**

STATE: **OK** 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**

CLASS CODE/ISSUE YR(2): **U329409** EXPIRATION DATE (1)(2)(3): **PERMANENT**

CLASS CODE/ISSUE YR(1)(3): **8020/1994**

VALIDATION #(1): COUNTY STICKER #(1): CITY STICKER #(1)(2): *PLATE #(TRADE IN)(2):

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

LIEN INFORMATION (if lien present)

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

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

REGISTRATION INFORMATION (OWNER OF PLATE)

LEGAL STATUS: NAME CODE: MAO: ILU:

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

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

DEALER NAME: DEALER ADDRESS: DEALER #:

VEHICLE CONDITION

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

CERTIFICATION

I, the undersigned, under penalties of perjury, 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**

REGISTRAR 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

FEES

REGISTRATION FEE: **79.75** CREDIT: LEASE FEE: TRANS FEE: CLERK FEE: 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**