TENNESSEE DEPARTMENT OF REVENUE VEHICLE TAXPAYER SERVICES DIVISION MULTI-PURPOSE APPLICATION

OFFICIAL VEHICLE REGISTRATION

2139

SWORD READER TITE SAMES	City Stickers:								U	. – ,	
PART HOME AND ADDRESS OF THE PRIVATE		MBER			TRANSACTION CODE*	REGI	STRATION ONLY NUM	MBER			
DIVIDED FOR PRODUCTION OF THE PROPERTY OF THE	92779179										
AND LINE FROM MODILE FROM MODI			П		(041)[0.00]	CAITA DALLI TINI E .	ACT NAMES (COMP.	ANY SIOVED 38 CHARAC	TERS\4	MAC N	N
COURT STATE	LAST NAME	AL STATUS: 1 (AND) 2	FIRST NAME	MIDDLE	(SAME) 2(DIFFER INITIAL	LAST NAME	451 NAMES) 4(COMP)	FIRST NAME	E		
TOTAL PROCESS STATE	BOWMAN TRA	ILER LEASI	NG LLC								
WILLIAMSPORT MD 24795 THE PROCESS STATE PROCESS THE PROCESS	ADDRESS 1 (MAILING)					ADDRESS 2 (PHY	SICAL)				
WILLIAMSPORT MD 21795 TREEPICAGE IN TREASMENT AND INCOMES DATE MOD 21795 TREEPICAGE IT TREASMENT AND INCOMES CALLED IN TRANSPORT AND INCOMES CALLED IN TR		NOR LN BL							TATE	ZIR CODE	
THE BRANCH BROWN TO NOT THE PRESENCE OF TRANSPORT OF THE PRESENCE OF THE PRESE	WILLIAMSDOR	т	U. — 3.5 (A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			2004 CONT.		SIMIE		ZIP CODE	
HAMILTON 033 10/07/201					1	1000000	ONE# *P	LACARD/HEARING IMPA	RED CLS/YR	*INSURANCE POLICY	Y #
TORAGO SENSON OF TYPE OF FUEL - INSTANCE OF TYPE OF THE STATE OF THE S	HAMILTON 03	3	40/07/2042		2117		582 1793				
TORRADOS 2818038940 GDAN 1GR 2001 SE USED UNRECCENT TITLE # STATE PREVIOUS STATE PREVIOUS STATES TITLED VERICLE USE VEHICLE TYPE CHRRIST MALE AGE TO COMMETTER ACTUAL SIST NOT ACCUMENT TO THE COMMETTER STATE ACCUMENT TO THE COMMETTER STATE SIST OF THE COMMETTER STATE ACCUMENT TO THE COMMETTER STATE SIST OF THE COMMETTER STATE STATE SIST OF THE COMMETTER STATE SIST OF THE COMMETTER STATE	VEHICLE INFORMATION		T	wanti Lyta	D DODY	TITLE BRAND	tennelation	CODE	TYPE OF FUI	EL - translation	CODE
INFORMATION OF THE PREVIOUS STATE PREVIOUS STATES TITLED VEHICLE USE WHICLE USE WHICLE LYPE CUMPRITY MILEADIS CODOMINATION ACTING 40 years of the total provider of	VIN					55.7				EL Honoration	
DOGOS CODE (DATE ACCOUNTY MANUEL OF THE CODE STATE CONTROLLER FLOWER OF THE CODE STATE CONTROLLER FLOWER OF THE CODE STATE CODE STAT	1GRAA06281B	038940				1					
CORPANY VEHICLE # NAME ON CORPANY VEHICLE # NAME COMPANY VEHICLE # NAME COMPANY VEHICLE # NAME CLASS CODE/SULE * N	SURRENDERED TITLE #		STATE PREVIO	OUS STATES TITLED			PE CURRENT M	INDICATOR (List one)	R OVER 10 YRS / IN EXCESS OF I	16,000 LBS (1) MECHANICAL LIMITS (9)	
ATE INFORMATION PROCRESS BILLIES AND RESIDENCE AND PROCESSOR STATE AND PERSONAL COUNTY STREET AND PROCESSOR AND ACT (17) CLASS CODE/ASSUE YR(1) COUNTY STREET AND ACT (17) CLASS CODE/ASSUE YR(2) PERMANENT AND ACT (17) CLASS CODE/ASSUE YR(2) PERMANENT ACCORD ACCO		T		T #AMIES T			NEUIO E TRA				1
AND HISDAMATION TORRAGE So ZINE and Resilitation and Resilitation and Resilitation Color Transactions See Reviews (1) CASSCODE/SSUE YR(2) CASSCODE/SSUE YR(2) CASSCODE/SSUE YR(2) COLOR TORRAGE (1) COLOR (1) CASSCODE/SSUE YR(2)	UPPER LOWER		WDTH	# AXLES	GRUSS VEHICLE	: YVEIGH I	VERICLE TRA	DE-IN DESCRIPTION			39
LATE #(1) CLASS CODERSSUE*RR(R)(3) VALIDATION #(1) COUNTY STICKER #(1) CITY STICKER #(1)(2) PLATE #(TRADE IN)(2) PLATE *(TRADE IN)(2) PLATE *(TRADE IN)(2) P							loza (ozrava			Z1	
RESIDER REGISTRANT (INFORMATION (Fleeured for Title & Registration) F OF SEATS(6) ZONE(COUNTY NAME)(6) USDOT / REGISTRANT R(7) MOTOR CARRIER R(8) LIEN RATGRAMATION (Filters present) LIEN DATE 10/107/2013 LIEN DATE LIEN DATE	PLATE INFORMATION *(requir PLATE #(1) CLA	ed for Title and Registr SSCODE/ISSUEYR(1)	ation and Registration (3) VALIDATION #	Only Transactions) Si (1) COUNTY	EE REVERSE SIDE STICKER #(1) C	FOR COMPLETE IN	*PLATE #(TRADE II	N)(2) CLASS CODE	/ISSUE YR(2)	EXPIRATION DATE	(1)(2)(3)
EN RECORDATION (If Jeen present) PREST LERINCUER SUNTRUST BANK 10/07/2013 TREET 120 E BALTIMORE STATE PP CODE SECOND LIERINGLER LIER DATE 121 O E BALTIMORE STATE PP CODE ILLED DATE SECOND LIERINGLER LIER DATE TREET CITY STATE LIER DATE LIER DATE PODE SECOND LIERINGLER LIER DATE LIER DATE	U474962	8020/199	4							PERMA	ANEN
ENCODE SUNTRUST BANK TREET 120 E BALTIMORE ST 25 FL SECOND LIEMOLDER SECOND LIEMOLDER SECOND LIEMOLDER SECOND LIEMOLDER LENDATE LE	TDR STICKER #(4)	TEMP OPERATOR PE	RMIT #(3) # OF	SEATS(5) ZON	NE(COUNTY NAME)(6)	USDOT / REGISTRAN	NT #(7)	мот	OR CARRIER #(8)	
ENCODE SUNTRUST BANK TREET 120 E BALTIMORE ST 25 FL SECOND LIEMOLDER SECOND LIEMOLDER SECOND LIEMOLDER SECOND LIEMOLDER LENDATE LE											
SUNTRUST BANK TREET 120 E BALTIMORE STATE 120 CODE SECOND LIENHOLDER STATE STAT								13,73,50 - 7		LIENDA	ΔTE
TREET 120 E BALTIMORE ST 25 FL BALTIMORE STATE 212 CODE 21202 LEN DATE LEN DATE											
120 E BALTIMORE ST 25 FL BALTIMORE MD 21202 LIENDATE NAME NAME DORRESS CITY STATE ZIP CODE ALTERED TAX EXEMPTION REASON / SALES TAX # J LIENDATE LIENDATE		NTRUST BA	ANK			CITY		STA	ATF		//2013
TREET CITY STATE ZIP CODE SESSEE / REGISTRANT INFORMATION/OWNER OF PLATE) LEGAL STATUS NAME NAME NAME NAME DORESS CITY STATE ZIP CODE HIGGE COST/ TAX INFORMATION "(required for Title & Registration Transactions) ALE PRICE TRADE IN ALLOWANGE TRADE IN TAX EXEMPTION REASON / SALES TAX # ALTERED LOST TRADE IN ALTERED LLEGIBLE DATE TOTAL TRADE IN INTERCEPTION REASON / SALES TAX # TOTAL TRADE IN ALLOWANGE TRADE IN TOTAL TRACE COUNTY CLERK) TOTAL TRADE IN TOTAL TRACE COLLECTED T	120 E BALTIMORE ST 25 FL					ESTACK COST.					
ESSEE / REGISTRANT INFORMATION/OWNER OF PLATE) LEGAL STATUS NAME NAME NAME NAME CITY STATE ZIP CODE HHICLE COST / TAX INFORMATION * frequired for Title A. Registration Transactions) ALE PRICE TRADE IN ALLOWANCE TRADE IN ALLOWANCE TRADE IN ALLOWANCE TRADE IN ALLOWANCE DEALER ADDRESS DEALER # DEALER	LIEN CODE SECOND LIE	ENHOLDER								LIEN DA	TE
ESSEE / REGISTRANT INFORMATION/OWNER OF PLATE) LEGAL STATUS NAME NAME NAME NAME CITY STATE ZIP CODE HHICLE COST / TAX INFORMATION * frequired for Title A. Registration Transactions) ALE PRICE TRADE IN ALLOWANCE TRADE IN ALLOWANCE TRADE IN ALLOWANCE TRADE IN ALLOWANCE DEALER ADDRESS DEALER # DEALER											
NAME NAME N	STREET					CITY		STA	ATE	ZIP CODE	
NAME NAME N					П	П	ПП	h			
EHICLE COST / TAX INFORMATION **Crequired for Title & Registration Transactions** ALE PRICE TRADE IN ALLOWANCE TAXABLE AMOUNT SALESTAX PAID TAX EXEMPTION REASON / SALES TAX # DEALER # ALTERED LILEGIBLE ILLEGIBLE ILLEGIBLE DATE 10/17/2013 DATE 10/17/2013 W.F. (BILL) KNOWLES HCM27 (Into I leas collected indicated certifities this form as a valid registration) TOTAL TAX COLLECTED TOTAL TAX COLLECTED TOTAL TAX COLLECTED TOTAL TAX COLLECTED TOTAL FRES C		RMATION(OWNER O	F PLATE)	LEGAL STATUS	L NAME		MAO L ILU L				
EHICLE COST/TAX INFORMATION "(required for Title & Registration Transactions) ALE PRICE TRADE IN ALLOWANCE DEALER ADDRESS DEALER # DEALER * DEALER #	Traile					Villan, Ulifa-e					
ALEBRICE TRADE IN ALLOWANCE TAXABLE AMOUNT SALESTAX PAID TAXABLE AMOUNT PAID TAXABLE AMOUNT SALESTAX PAID TAXABLE AMOUNT SALESTAX PAID TAXABLE AMOUNT PAID TAXABLE AMO	ADDRESS				С	ITY		ST	ATE	ZIP CODE	
ALEBRICE TRADE IN ALLOWANCE TAXABLE AMOUNT SALESTAX PAID TAXABLE AMOUNT PAID TAXABLE AMOUNT SALESTAX PAID TAXABLE AMOUNT SALESTAX PAID TAXABLE AMOUNT PAID TAXABLE AMO	VEHICLE COST / TAY INFORM	ATION *(required for)	Title & Registration Tran	sactions)							
Required for Duplicate Title - T.C.A. 55-3-115 (submit lilegible or altered Certificate of Title) LOST STOLEN MUTILATED RTND DUE TO NON DELIEVERY ALTERED ILLEGIBLE Idea penalities 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 Is assigness to determine the accuracy of the information provided by me or on my behalf. GRATURE OF CERTIFIER/OWNER POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) DATE 10/17/2013 VOICE NUMBER COUNTY NAME CO NUMBER CO NUMBER DATE OF APPLICABLE) DATE 10/17/2013 W.F. (BILL) KNOWLES HCM27 FFICE USE ONLY EMISSION: Trailer CREDIT LEASE FEE TRANS FEE CLERK FEE ISSUANCE FEE ISSUANCE FEE ISSUANCE FEE TITLE FEE TOTAL TAX COLLECTED 97.75 OMPUTATION OF SALES OR USE TAX SA TAX LOCAL TAX ADDITIONAL TAX COLLECTED IN STATE OF COUNTY WHEEL TAX CITY STICKER FEE TOTAL FEES COLLECTED 97.25 FORDAGE PORAGE PORAG	SALE PRICE			ipacito/(a)	TAXABLE AMOUN	Т	SALESTAX PAID		*TAX EXEM	PTION REASON / SALES	S TAX #
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 DELIEVERY ALTERED ILLEGIBLE ALTERED ILLEGIBLE MUTILATED RTN'D DUE TO NON DELIEVERY ALTERED ILLEGIBLE ALTERED ILLEGIBLE MUTILATED ILLEGIBLE ALTERED ILLEGIBLE MUTILATED ILLEGIBLE ALTERED ILLEGIBLE ALTERED ILLEGIBLE MUTILATED ILLEGIBLE ALTERED ILLEGIBLE ALTERED ILLEGIBLE ALTERED ILLEGIBLE ALTERED ILLEGIBLE ILLEGIBLE ALTERED ILLEGIBLE ALTERED ILLEGIBLE ILLEGIBLE ILLEGIBLE INTO DUE TO NON DELIEVERY ALTERED ILLEGIBLE ILLEGIBLE ILLEGIBLE ALTERED ILLEGIBLE ILLEGIBLE ILLEGIBLE ALTERED ILLEGIBLE ILLEGIBLE ILLEGIBLE ALTERED ILLEGIBLE ILLEGIBLE ILLEGIBLE INTO DUE TO NON DELIEVERY ALTERED ILLEGIBLE ILL	DEALER NAME			DEALER ADDR	RESS					DEALER#	
LOST STOLEN MUTILATED RYND DUE TO NON DELIEVERY ALTERED ILLEGIBLE Index penalities 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 Its assignees to determine the accuracy of the information provided by me or on my behalf. GNATURE OF CERTIFIER/OWNER POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) DATE 10/17/2013 VOICE NUMBER CO NUMBER CO NUMBER CO NUMBER DATE OF APPLICABLE) POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) 10/17/2013 W.F. (BILL) KNOWLES HCM27 H											
Total rate 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 DATE	*Required for Duplicate Title - T.	C.A. 55-3-115 (submit	Illegible or altered Cert	tificate of Title)	1_				TE	7	
TOTAL FEES COLLECTED SERVICE OF CERTIFIER/OWNER POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) 10/17/2013 10/17/20	LOST	STOLEN		MUTILATED	R	'N'D DUE TO NON D	ELIEVERY	ALTERED	L	ILLEGIBLE	
TOTAL FEES COLLECTED SERVICE OF CERTIFIER/OWNER POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) 10/17/2013 10/17/20	Under penalties of periory I here	by certify all information	n provided is true and	correct to the best of r	my knowledge, and	acknowledge that it is	s not the responsibility of	of the Motor Vehicle Divisio	n l		
VOICE NUMBER COUNTY NAME CO NUMBER DATE OF APPLICATION BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) 13290			ation provided by me o	r on my behalf. POWER O	F ATTORNEY/AUT	HORIZED SIGNATU	RE(IF APPLICABLE)		DATE		
13290 @ HAMILTON 133 10/17/2013 W.F. (BILL) KNOWLES HCM27 Control Con	and the second s										3
THATTER TOTAL FEES COLLECTED SERVICE OPT FEE ORGAN DONOR POSTAGE TOTAL TAX COLLECTED IN STATE OF ORGAN DONOR POSTAGE TOTAL TAX COLLECTED IN STATE OF COUNTY WHEEL TAX COLLECTED IN STATE OF COUNTY WHEEL TAX COLLECTED IN STATE OF TOTAL FEES COLLECTED SOPPORT OF SALES OR USE TAX ORGAN DONOR POSTAGE VER ID / RESIDENCY VERIFICATION TOTAL FEES COLLECTED 97.25	INVOICE NUMBER	COUNTY NAME									101107
TOTAL FEES COLLECTED SERVICE OPT FEE ORGAN DONOR POSTAGE TRANS FEE TRANS FEE CLERK FEE ISSUANCE FEE ISSUANCE FEE ISSUANCE FEE ISSUANCE FEE TOTAL TAX COLLECTED .00 COUNTY WHEEL TAX CITY STICKER FEE TOTAL TAX COLLECTED .00 TOTAL TAX COLLECTED .00 TOTAL TAX COLLECTED .00 POSTAGE TOTAL TAX COLLECTED .00 TOTAL TAX COLLECTED .00 POSTAGE TOTAL TAX COLLECTED .00 CITY STICKER FEE TOTAL TAX COLL				3:	3 10	/17/2013	W.F. (B	ILL) KNOWLE	this form as a v		1CW127
OMPUTATION OF SALES OR USE TAX SA TAX LOCAL TAX ADDITIONAL TAX COLLECTED IN STATE OF COUNTY WHEEL TAX CITY STICKER FEE SALES TAX USE TAX ORGAN DONOR POSTAGE VER ID/RESIDENCY VERIFICATION 7 TOTAL FEES COLLECTED 97.25	REGISTRATION FEE		LEASE FE	E	TRANS FEE	CLERK FEE	ISSUANCE FEE	TITLE FEE	ATOTA	L TAX COLLECTED	
SALES TAX USE TAX ORGAN DONOR POSTAGE VER ID / RESIDENCY VERIFICATION TOTAL FEES COLLECTED 97.25 Chapter 0.00 Process Chapte		SALES OR LISE TAX	X SA TAX	LOCAL TAX	ADDITIONAL T	AX COL					
97.25	SALES TAX USE TAX	Parameter and a control of	27, 170								
2 4 440 PD 770 Cook 0.00 Chook 0.00 Chook	*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	V	ER	ID / RESIDEN	CY VERIFICATION				
POT: WKASIUK2//8020 Cash: 0.00 Check. 0.00 Check.				5 05 5	0.00	16	Credity 0.00	Authti	7.7		600