



215575

N OR CURRENT TITLE NUMBER	TRANSACTION CODE	REGISTRATION ONLY NUMBER
00510371	N01	

ST NAME	FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL
BOWMAN TRAILER LEASING LLC					

Y	STATE	ZIP CODE	CITY	STATE	ZIP CODE
WILLIAMSPORT	MD	21795			

OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION		PURCHASE DATE		*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS		TELEPHONE #		*PLACARD/HEARING IMPAIRED CLS/YR		*INSURANCE POLICY #	
HAMILTON 033		12/14/2012				301-582-1793					

[illegible]

TITLE INFORMATION								
	MAKE	MODEL	YEAR	BODY	TITLE BRAND - translation	CODE	TYPE OF FUEL - translation	CODE
S12E8453PD363209	STRI	1S1	1993	SE	USED	U		9

REGISTERED TITLE #	STATE	PREVIOUS STATES TITLED	VEHICLE USE	VEHICLE TYPE	CURRENT MILEAGE	ODOMETER ACTUAL (D) NOT ACTUAL (B) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (3)	CODE
1636662	ME		E	S			1

OR CODE (enter appropriate code) ER 0	MOBILE HOME LGTH WDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE #  215575
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(IF INFORMATION \*required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

ITE # (1)	CLASSCODE/ISSUE YR (1)(3)	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3)
J401627	8020/1994						PERMANENT

3 STICKER #(4)	TEMP OPERATOR PERMIT #(3)	# OF SEATS(5)	ZONE(COUNTY NAME)(6)	USDOT / REGISTRANT #(7)	MOTOR CARRIER #(8)
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[illegible]

N INFORMATION (If lien present)				LIEN DATE
N CODE	FIRST LIENHOLDER			
	SUNTRUST BANK			12/14/2012

120 E BALTIMORE ST 25 FL	CITY	BALTIMORE	STATE	MD	ZIP CODE	21202
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N CODE	SECOND LIENHOLDER	LIEN DATE

REET	CITY	STATE	ZIP CODE
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SSEE / REGISTRANT INFORMATION(OWNER OF PLATE)	LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	ILU <input type="checkbox"/>
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VE	NAME		
DRESS	CITY	STATE	ZIP CODE

Unit	Unit	Unit

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)			
VEHICLE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX PAID
			TAX EXEMPTION REASON / SALES TAX #

ALERT NAME	DEALER ADDRESS	DEALER #
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Required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title)					
DATE	CHASSIS NO.	VIN	ENGINE NUMBER	ALTERED	ILLEGIBLE

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTN'D DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
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er 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 s assigns to determine the accuracy of the information provided by me or on my behalf.			
NATURE OF CERTIFIER/OWNER		POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)	
DATE		DATE	

12/19/2012

DICE NUMBER	COUNTY NAME	CO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)
12354 @	HAMILTON	33	12/19/2012	W.F. (BILL) KNOWLES KAR4

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

IMPUTATION OF		SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY STICKER FEE
<input type="checkbox"/>	SALES TAX	<input type="checkbox"/>	USE TAX					TOTAL FEES COLLECTED

SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	TOTAL FEES COLLECTED
					97.25

1357	Port: WK51/DR46/8020	Cash: 0.00	Check: 0.00	Check#:	Credit: 0.00	Auth#:	Change: 0.00	RDA-692
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