



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

OFFICIAL VEHICLE REGISTRATION



City Stickers:

| | | | |
|--|--------------------------------|--|-------|
| NEW OR CURRENT TITLE NUMBER 84174624 | TRANSACTION CODE 004 | REGISTRATION ONLY NUMBER 3354455 | STATE |
|--|--------------------------------|--|-------|

| | | | | |
|--|------------------------------------|---|---|---|
| OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) 5 | | | MAO <input checked="" type="checkbox"/> | ILU <input checked="" type="checkbox"/> |
| LAST NAME BOWMAN SALES AND EQUIPMENT INC | FIRST NAME | MIDDLE INITIAL | LAST NAME | FIRST NAME |
| ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD | | | ADDRESS 2 (PHYSICAL) | |
| CITY WILLIAMSPORT | STATE MD | ZIP CODE 21795 | CITY | STATE |
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033 | PURCHASE DATE 06/30/2011 | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small> | TELEPHONE # 301 582 1793 | *PLACARD/HEARING IMPAIRED CLS/YR |
| *INSURANCE POLICY # | | | | |

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|---|---------------------|-------------------------------------|-------------------------|--------------------------|--|---|----------------------------|------------------|--|--|
| VEHICLE INFORMATION | | | | | | | | | | |
| VIN 1PTG1JAJ3S9011419 | MAKE TRAI | MODEL 1PT | YEAR 1995 | BODY SE | TITLE BRAND - translation USED | CODE U | TYPE OF FUEL - translation | CODE 9 | | |
| SURRENDERED TITLE # | STATE TN | PREVIOUS STATES TITLED TN | VEHICLE USE F | VEHICLE TYPE S | CURRENT MILEAGE | ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9) | CODE 1 | | | |
| COLOR CODE (enter appropriate code)* UPPER O | MOBILE HOME LGTH | WIDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | COMPANY VEHICLE # 216774 | | | | |

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|--|---|-----------------|----------------------|-------------------------|---|--|---|
| PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS | | | | | | | |
| PLATE #(1) U589912 | CLASSCODE/ISSUEYR(1)(3) 8020/1994 | VALIDATION #(1) | COUNTY STICKER #(1) | CITY STICKER #(1)(2) | *PLATE #(TRADE IN)(2) U573924 | CLASS CODE/ISSUE YR(2) 8020 1994 | EXPIRATION DATE (1)(2)(3) PERMANENT |
| TDR STICKER #(4) | 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 | LIEN DATE |
| STREET | CITY | STATE |
| ZIP CODE | | |
| LIEN CODE | SECOND LIENHOLDER | LIEN DATE |
| STREET | CITY | STATE |
| ZIP CODE | | |

| | | | | |
|--|---------------------------------------|------------------------------------|------------------------------|------------------------------|
| *LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE) | LEGAL STATUS <input type="checkbox"/> | NAME CODE <input type="checkbox"/> | MAO <input type="checkbox"/> | ILU <input type="checkbox"/> |
| NAME | NAME | | | |
| ADDRESS | CITY | STATE | ZIP CODE | |

| | | | | |
|--|--------------------|----------------|---------------|-------------------------------------|
| VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions) | | | | |
| SALE PRICE | TRADE IN ALLOWANCE | TAXABLE AMOUNT | SALESTAX 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) | | | | |
| <input type="checkbox"/> LOST | <input type="checkbox"/> STOLEN | <input type="checkbox"/> MUTILATED | <input type="checkbox"/> RTN'D DUE TO NON DELIEVERY | <input type="checkbox"/> ALTERED |
| | | | | <input type="checkbox"/> 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 or its assignees 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 05/05/2015 |
|------------------------------|---|---------------------------|

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|---|--------------------------------|---------------------------|--|---|---------------------------------------|
| INVOICE NUMBER 15125 @ | COUNTY NAME HAMILTON | CO NUMBER 33 | DATE OF APPLICATION 05/05/2015 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W.F. (BILL) KNOWLES | HCM27 |
| OFFICE USE ONLY REGISTRATION FEE | | | | | |
| EMISSION: NOT APPLICABLE (total fees collected indicated certifies this form as a valid registration) | | | | | |
| CREDIT | LEASE FEE | TRANS FEE 11.75 | CLERK FEE | ISSUANCE FEE 2.50 | TITLE FEE |
| SALES OR USE TAX | | | SA TAX | LOCAL TAX | ADDITIONAL TAX |
| COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX | | COLLECTED IN STATE OF | COUNTY WHEEL TAX | CITY STICKER FEE | |
| *SERVICE OPT FEE | ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | *TOTAL FEES COLLECTED 14.25 |

216774