

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

OFFICIAL VEHICLE REGISTRATION



City Stickers:										2 81 86				
NEW OR CURRENT TITLE NUMBER					ANSACTION REGISTRATION ONLY NUMBER									
92792663	-				N01					F#1	F	a) ra	71	
OWNER INFORMATION *LEG	SAL STATUS: 1 (AND) 2 (OR)	ENTER NAME	CODE IN BOX	T) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTERS) 4 MAD N ILU N  AST NAME FIRST NAME MIDDLE INITIAL										
BOWMAN TRA		DASTRAME			FIRST NAME		MIDDLE INITIAL							
ADDRESS 1 (MAILING)  10233 GOVER	A	ADDRESS 2 (PHYSICAL)												
CITY STATE ZIP C					c	CITY			STATE		ZIP CODE			
WILLIAMSPORT  ENTY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION PUR		MD 217						ACARD/H	RD/HEARING IMPAIRED CLS/YR		R *INSURANCE POLICY#			
HAMILTON 033 10/01/2013			*LEASED O *SERVICE OPTIONS SEE REVERSE SIDE FOR INSTRUCTIONS			301 582 1793								
VEHICLE INFORMATION MAKE MODEL Y					BODY	TITLE BRAND - tran	nslation		CODE	TYPE OF I	FUEL - translation		CODE	
		/ABA 1	ABA 1JJ 199		SE	USED			U				9	
SURRENDERED TITLE #		STATES TITL		VEHICLE USE								CODE		
T8233307014	_			F	s			(List one) IN EXCESS O		RS / 16,000 LBS (1) OF MECHANICAL LIMITS (9)		1		
COLOR CODE (enter appropriate code)* MOBILE HOME #AXLES				GRO	SS VEHICLE W		*VEHICLE TRADI	-IN DES	SCRIPTION		COMPANY VEHICLE #			
0										25892				
	red for Title and Registration an	d Registration Onli VALIDATION #(1)		SEE REV			RUCTIONS *PLATE #(TRADE IN)	(2)	CLASS CODE/IS	SSUE YR(2	) EXPIRATION	ON DATE (1	)(2)(3)	
U478591	8020/1994		7 STICKE (1/(2)			PERMANEN								
TDR STICKER #(4) TEMP OPERATOR PERMIT #(3) # OF SEATS(5) Z			ONE(COL	JNTY NAME)(6)	USDOT / REGISTRANT #(7)		#(7)	-	м	IOTOR CARRIER	(8)			
LIEN INFORMATION (If lien pr LIEN CODE FIRST LIEN												LIEN DATE	<b>.</b>	
SL					10/01/2013									
120 E BALTIMORE ST 25 FL						BALTIMORE			STATE ZIP CODE MD 21202					
LIEN CODE SECOND LIENHOLDER						DALTIMORE			MD ZI			LIEN DATE	·	
STREET					CITY				STATE ZIP CODE			DDE		
	ORMATION(OWNER OF PLATE	B)	LEGAL STATE	ıs 🔲	NAME CO		IAO ILU 🗆	]						
NAME NAME														
ADDRESS		CITY	ſΥ			STATE			P CODE					
	AATION *(required for Title & Re	egistration Transac	tions)											
SALE PRICE TRADE IN ALLOWANCE				TAXAB	LE AMOUNT	SALESTAX PAID			*TAX EXEMPTION REASON / SALES TA			AX#		
DEALER NAME DEALER ADDRE				DRESS	ESS				DEALER #					
*Required for Duplicate Title - T.C.A. 55-3-115 (submit lilegible or altered Certificate of Title)														
LOST	STOLEN	ML ML	ITILATED		RTN'D	DUE TO NON DELI	EVERY	ALTE	RED		ILLEGIE	BLE		
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 ATT						TTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)			12/09/2013					
NVOICE NUMBER COUNTY NAME CO NUMBER			down of	DATE OF APPL				SISTRAR OF MOTOR VEHICLES(COUNTY C			- Allerton	\		
13343 @ OFFICE USE ONLY	HAMILTON EMISSION: Trailer	MISSION: Trailer				(total fees collect		ted Indi	KNOWLES		HCM27			
REGISTRATION FEE 79.75	CREDIT	LEASE FEE		TRAN	IS FEE	CLERK FEE	12.00	TITLE	<sub>FEE</sub> 5.50		TAL TAX COLLECT	ED		
COMPUTATION OF	SALES OR USE TAX	SA TAX	LOCAL TAX	ADI	DITIONAL TAX	COLLEC	CTED IN STATE OF	COUN	TY WHEEL TAX	CIT	Y STICKER FEE			
SALES TAX USE TAX	ORGAN DONOR	POSTAGE		VER		ID / RESIDENCY V	/ERIFICATION				TAL FEES COLLEG	CTED		
	1	1	- 1			1				2	11.40			

Port: wk48/DR27/8020

Cash: 0.00

Check: 0.00

Check#:

Credit: 0.00

Auth#:

Change: 0.00

RDA-692