



OFFICIAL VEHICLE REGISTRATION

271003

by Stickers:

1441878 OR CURRENT TITLE NUMBER TRANSACTION CODE **N01** REGISTRATION ONLY NUMBER **4** MAO ILU

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) **4**

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

ADDRESS 1 (MAILING) ADDRESS 2 (PHYSICAL) STATE ZIP CODE
PO BOX 433 % 10233 GOVERNOR LN BLVD

CITY STATE ZIP CODE CITY STATE ZIP CODE
WILLIAMSPORT MD 21795

TYPE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION PURCHASE DATE *LEASED *SERVICE OPTIONS TELEPHONE # *PLACARD/HEARING IMPAIRED CLS/YR *INSURANCE POLICY #
WILSON 095 11/19/2012 301 582 1793

VEHICLE INFORMATION MAKE MODEL YEAR BODY TITLE BRAND - translation CODE TYPE OF FUEL - translation CODE
1S12E9532TD405480 STRI 1S1 1996 SE USED U 9

SURRENDERED TITLE # STATE PREVIOUS STATES TITLED VEHICLE USE VEHICLE TYPE CURRENT MILEAGE ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9) CODE
11503050 ME F S 271003

COLOR CODE (enter appropriate code) UPPER LOWER MOBILE HOME LGTH WIDTH # AXLES GROSS VEHICLE WEIGHT *VEHICLE TRADE-IN DESCRIPTION COMPANY VEHICLE #
O 271003

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS EXPIRATION DATE (1)(2)(3)
PERMANENT

PLATE #(1) CLASS CODE/ISSUE YR(1)(3) VALIDATION #(1) COUNTY STICKER #(1) CITY STICKER #(1)(2) *PLATE #(TRADE IN)(2) CLASS CODE/ISSUE YR(2) MOTOR CARRIER #(8)
U409506 8020/1994

TDR STICKER #(4) TEMP OPERATOR PERMIT #(3) # OF SEATS(5) ZONE(COUNTY NAME)(6) USDOT / REGISTRANT #(7)
PERMANENT

LIEN INFORMATION (if lien present) LIEN DATE
11/19/2012

LIEN CODE FIRST LIENHOLDER CITY STATE ZIP CODE
SUNTRUST BANK BALTIMORE MD 21202

STREET CITY STATE ZIP CODE
120 E BALTIMORE ST 25 FL BALTIMORE MD 21202

LIEN CODE SECOND LIENHOLDER CITY STATE ZIP CODE

STREET CITY STATE ZIP CODE

*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE) LEGAL STATUS NAME CODE MAO ILU NAME CITY STATE ZIP CODE

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

SALE PRICE TRADE IN ALLOWANCE TAXABLE AMOUNT SALESTAX PAID *TAX EXEMPTION REASON / SALES TAX # DEALER #

DEALER NAME DEALER ADDRESS

*Required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title) LOST STOLEN MUTILATED RTND DUE TO NON DELIVERY ALTERED 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
01/15/2013

INVOICE NUMBER COUNTY NAME CO NUMBER DATE OF APPLICATION BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)
13015 @ HAMILTON 33 01/15/2013 W.F. (BILL) KNOWLES HJC27

OFFICE USE ONLY REGISTRATION FEE CREDIT LEASE FEE TRANS FEE CLERK FEE ISSUANCE FEE TITLE FEE TOTAL TAX COLLECTED
79.75 12.00 5.50 .00

COMPUTATION OF SALES OR USE TAX SA TAX LOCAL TAX ADDITIONAL TAX COLLECTED IN STATE OF COUNTY WHEEL TAX CITY STICKER FEE
97.25

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

Check: 0.00 Check#: Credit: 0.00 Auth#: Change: 0.00 RDA-692