



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



City Stickers:

NEW OR CURRENT TITLE NUMBER 92791765		TRANSACTION CODE N01	REGISTRATION ONLY NUMBER	
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) 4 MAO <input checked="" type="checkbox"/> N <input type="checkbox"/> ILU <input checked="" type="checkbox"/> N				
LAST NAME BOWMAN TRAILER LEASING LLC		FIRST NAME	MIDDLE INITIAL	LAST NAME BOWMAN TRAILER LEASING LLC
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD		ADDRESS 2 (PHYSICAL)		
CITY WILLIAMSPORT	STATE MD	ZIP CODE 21795	CITY	STATE MD
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 10/01/2013	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 301 582 1793	*PLACARD/HEARING IMPAIRED CLS/YR 35320

VEHICLE INFORMATION				
VIN 1JJV532W9XL470070	MAKE WABA	MODEL 1JJ	YEAR 1999	BODY SE
SURRENDERED TITLE # T9041804022		STATE IL	PREVIOUS STATES TITLED	VEHICLE USE F
COLOR CODE (enter appropriate code)* UPPER O	MOBILE HOME LGTH 35320	# OF AXLES 3	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION
TDR STICKER # (4)		TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)

PLATE INFORMATION *Required for Title and Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS				
PLATE # (1) U478319	CLASS CODE/ISSUE YR (1)(3) 8020/1994	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)
*PLATE # (TRADE IN) (2)		CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3) PERMANENT	
USDOT / REGISTRANT # (7)		MOTOR CARRIER # (8)		

LIEN INFORMATION (if lien present)				
LIEN CODE	FIRST LIENHOLDER SUNTRUST BANK	LIEN DATE 10/01/2013		
STREET 120 E BALTIMORE ST 25 FL	CITY BALTIMORE	STATE MD	ZIP CODE 21202	
LIEN CODE	SECOND LIENHOLDER	LIEN DATE		
STREET	CITY	STATE	ZIP CODE	

*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)				
NAME	NAME	MAO <input type="checkbox"/>	ILU <input type="checkbox"/>	
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"/> RT'ND DUE TO NON DELIVERY	<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 12/04/2013

INVOICE NUMBER 13338 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 12/04/2013	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	HCM27
OFFICE USE ONLY REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE 12.00
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	TITLE FEE 5.50
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	TOTAL TAX COLLECTED .00
*TOTAL FEES COLLECTED 97.25					