

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

OFFICIAL VEHICLE REGISTRATION



City Stickers:																	
NEW OR CURRENT TITLE NUMBER					뜅	ANSACTIO		REGISTRATION ONLY NUMBER									
92791782						N01									ISO G		
OWNER INFORMATION *LEGA	L'STATUS: 1 (AND) 2							MULTIPLE LA	et names) 4	COMPANY			ER6) 4	MAC	N ILU		
LAST NAME FIRST NAME MIDDLE INITIAL LAST NAME FIRST NAME MIDDLE INITIAL BOWMAN TRAILER LEASING LLC														- н			
ADDRESS 1 (MAILING)	ADDI	RESS 2 (PHYS	SICAL)														
10233 GOVERNOR LN BLVD								'' '									
CITY STATE ZIP CODE							CITY	CITY STAT					ATE	TE ZIP CODE			
WILLIAMSPORT		MD		21795													
		PURCHASE DATE		·LEASED 0 ·SERVICE			ONS	TELEPHO					RED CLS/Y	*INSURA	NCE POLICY	*	
HAMILTON 033 10			10/01/2013 SEE REVERSE SID					301 582 1793									
VEHICLE INFORMATION	DEL	YEAR BODY			TITLE BRAND - translation				CODE	TYPE OF	FUEL - translat	ion	CODE				
`''' 1JJV532W9XL470165		⊣				SE	.				u					9	
1JJV332VV9XL4/U105 SURRENDERED TITLE #		WABA 1JJ					E USE	VEHICLE TYP	TYPE CURREN		IT MILEAGE OD		ODOMETER ACTUAL (0)		NOT ACTUAL (8) COD		
T9041803022		IL			F			S			(List one) IN EXC		OVER 10 Y	R 10 YRS / 18,000 LBS (1) CESS OF MECHANICAL LIMITS (9)			
COLOR CODE (enter appropriate code)* MOBILE HOUSER LOWER LOWER		<u> </u>		#AXLES		ROSS VEHICLE WE			*VEHIC	*VEHICLE TRADE-IN DES		SCRIPTION		COMPANY	COMPANY VEHICLE #		
UPPER LOWER	LGTH	WDTH													36	279	
PLATE INFORMATION "(mg)/m	ed for Title and Registr	eton and Rec	stration Only	Transaction	n) SEE RE	VERSE SI	DE FOR C	OMPLETE IN	STRUCTIONS								
PLATE #(1) CLA	SSCODE/ISSUEYR(1)	(3) VALID	ATION #(1)		NTY STICK			ICKER #(1)(2)	*PLATE #(T		2) CD	ASS CODE/	SSUE YR(2	EXPIR	ATION DATE (
U478323	8020/1994 EMP OPERATOR PEI		A OF SE	ATCE	70VE/00	N/N/TV/ A1A1	1570		USDOT / DEC	NOTO ANT 4		_	· .	AOTOR CARRI	PERMA	MENI	
TDR STICKER #(4)	RMIT #(3) # OF SEATS(5)			ZONE(CO	NAN YTNU	WE)(O)		USDOT / REGISTRANT #(7)		P(1)	ľ		MOTOR CARRIER #(8)				
LIEN INFORMATION OF Fier page													<u> </u>				
LIEN CODE FIRST LIEN	IOLDER									ı.					LIEN DAT		
รบ	NTRUST BA	NK													10/01	/2013	
120 E BALTIMORE ST 25 FL								BALTIMORE STATE					TE MD	ZIP CODE D 21202			
LIEN CODE SECOND LIE		. 20 . 2	<u></u>							-	-				LIEN DAT	TE	
STREET	CITY	CITY STATE					TE	ZIP CODE									
						ı		П		П	1						
*LESSEE / REGISTRANT INFO	RMATION(OWNER O	FPLATE)		LEGAL STA	TUS L	NAJ	MAN	· · · · · · · · · · · · · · · · · · ·	MAO L	ILU L	<u>l</u>						
ADDRESS							CITY					STA	ATE		ZIP CODE		
VEHICLE COST / TAX INFORM	ATION *(required for T	ille & Registr	elion Transac	tions)			*										
SALE PRICE TRADE IN ALLOWANCE				TAXA	BLE AMOU	INT	SALESTAX PA			iD : TA			X EXEMPTION REASON / SALES TAX #				
DEALER NAME			DEALER ADDRESS											DEALER #			
										* * * * * *							
*Required for Duplicate Title - T	C.A. 55-3-115 (submit	illegible or ell	ered Certifica	ito of Title)	Tr	$\overline{\neg}$								$\overline{}$			
LOST	STOLEN		MI	JTILATED	լլ		RTN'D DI	JE TO NON DE	ELIEVERY		ALTEREC)		L "	LEGIBLE		
Under penalties of perjury, I here or its assignees to determine the	by certify all information accuracy of the inform	n provided is ation provided	true and com d by me or on	ect to the be my behalf.	st of my kn	owledge, a	nd acknow	vledge that it is	not the respon	asibility of th	ne Motor Veh	icle Division					
SIGNATURE OF CERTIFIER/OWNER POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) DATE															04/2013	,	
INVOICE NUMBER	COUNTY NAME			CON	UMBER	DATE OF	APPLICA	ATION	BY AU	THORITY O	F REGISTR	AR OF MOT	OR VEHIC	LES(COUNTY		<u>'</u>	
13338 @					33			04/2013 W.F.			(BILL) KNOWLES			HCM27			
OFFICE USE ONLY REGISTRATION FEE	EMISSION: T	railer	EASE FEE	TRANS FE			CLERK FEE		(total fees collected is			dicated certifies this form a		es a valid registration) FOTAL TAX COLLECTED			
79.75				1				I Charles		.00	5.6			.00	EE		
COMPUTATION OF SALES TAX USE TAX	SALES OR USE TAX	K SA	TAX	LOCAL T	AX A	DDITIONA	L TAX	COL	LECTED IN S	IATE OF	COUNTY	WHEEL TAX	` °	TY STICKER F	EE		
*SERVICE OPT FEE	ORGAN DONOR	(_P	OSTAGE	1	VER		[(1	D/RESIDENC	Y VERIFICAT	TON	Ь			OTAL FEES C	DLLECTED		
1														97.25			

SF-1357