



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



City Stickers:

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|--|--------------------------------|--|-------|
| NEW OR CURRENT TITLE NUMBER 84175869 | TRANSACTION CODE 004 | REGISTRATION ONLY NUMBER 3322552 | STATE |
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| 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 | MIDDLE INITIAL |
| ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD | | | ADDRESS 2 (PHYSICAL) | | |
| CITY WILLIAMSPORT | STATE MD | ZIP CODE 21795 | CITY | STATE | ZIP CODE |
| 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 # 240 772 5501 | *PLACARD/HEARING IMPAIRED CLS/YR | *INSURANCE POLICY # |

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| VEHICLE INFORMATION | | | | | | | | | | | |
| VIN 1GRAA0623XB049207 | MAKE GDAN | MODEL 1GR | YEAR 1999 | BODY SE | TITLE BRAND - translation USED | CODE U | TYPE OF FUEL - translation | CODE 9 | | | |
| SURRENDERED TITLE # | STATE TN | PREVIOUS STATES TITLED IN | 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 # 399949 | | | | |

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| PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS | | | | | | | |
| PLATE # (1) U545286 | CLASSCODE/ISSUE YR (1)(3) 8020/1994 | VALIDATION # (1) | COUNTY STICKER # (1) | CITY STICKER # (1)(2) | *PLATE # (TRADE IN) (2) U328404 | 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) | | |

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| LIEN INFORMATION (if lien present) | | | |
| LIEN CODE | FIRST LIENHOLDER SUNTRUST BANK | LIEN DATE 10/20/2014 | |
| 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 |

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|---|--|---------------------------------------|------------------------------------|------------------------------|------------------------------|
| *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 |

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|--|-------------------------------|---------------------------|--------------------------|--|
| 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 # |

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|--|---------------------------------|------------------------------------|--|----------------------------------|------------------------------------|
| *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 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.

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| SIGNATURE OF CERTIFIER/OWNER | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) | DATE 10/28/2014 |
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|---|--------------------------------|------------------------|--|--|---------------------------------------|
| INVOICE NUMBER 14301 @ | COUNTY NAME HAMILTON | CO NUMBER 33 | DATE OF APPLICATION 10/28/2014 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES HCM27 | |
| OFFICE USE ONLY EMISSION: NOT APPLICABLE (total fees collected indicated certifies this form as a valid registration) | | | | | |
| REGISTRATION FEE | CREDIT | LEASE FEE | TRANS FEE 11.75 | CLERK FEE 2.50 | TOTAL TAX COLLECTED .00 |
| COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX | SALES OR USE TAX | SA TAX | LOCAL TAX | ADDITIONAL TAX | CITY STICKER FEE |
| *SERVICE OPT FEE | ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | *TOTAL FEES COLLECTED 14.25 |