



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

OFFICIAL VEHICLE REGISTRATION



City Stickers:

NEW OR CURRENT TITLE NUMBER 92790205	TRANSACTION CODE N01	REGISTRATION ONLY NUMBER
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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			MAO ☒ ILU ☒		
LAST NAME BOWMAN TRAILER LEASING			LAST NAME BOWMAN TRAILER LEASING		
FIRST NAME 10233 GOVERNOR LN BLVD			FIRST NAME 10233 GOVERNOR LN BLVD		
MIDDLE INITIAL WILLIAMSPORT			MIDDLE INITIAL WILLIAMSPORT		
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD			ADDRESS 2 (PHYSICAL) 10233 GOVERNOR LN BLVD		
CITY WILLIAMSPORT			CITY WILLIAMSPORT		
STATE MD			STATE MD		
ZIP CODE 21795			ZIP CODE 21795		
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033			CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033		
PURCHASE DATE 10/22/2013			PURCHASE DATE 10/22/2013		
*LEASED ☒ *SERVICE OPTIONS ☐ SEE REVERSE SIDE FOR INSTRUCTIONS			*LEASED ☒ *SERVICE OPTIONS ☐ SEE REVERSE SIDE FOR INSTRUCTIONS		
TELEPHONE # 301 582 1793			TELEPHONE # 301 582 1793		
*PLACARD/HEARING IMPAIRED CLS/YR			*PLACARD/HEARING IMPAIRED CLS/YR		
*INSURANCE POLICY #			*INSURANCE POLICY #		

VEHICLE INFORMATION			VEHICLE INFORMATION		
VIN 1GRAP06236B703037	MAKE GDAN	MODEL 1GR	YEAR 2006	BODY SE	TITLE BRAND - translation USED
SURRENDERED TITLE # 298S3550073	STATE MI	PREVIOUS STATES TITLED	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE
COLOR CODE (enter appropriate code)* UPPER O	MOBILE HOME LGTH MI	WIDTH MI	# AXLES MI	GROSS VEHICLE WEIGHT MI	*VEHICLE TRADE-IN DESCRIPTION MI
COMPANY VEHICLE # 458662					COMPANY VEHICLE # 458662

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS					
PLATE # (1) U478197	CLASS CODE/ISSUE YR (1)(3) 8020/1994	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)
TDR STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)	USDOT / REGISTRANT # (7)	MOTOR CARRIER # (8)

LIEN INFORMATION (if lien present)		LIEN INFORMATION (if lien present)	
LIEN CODE SUNTRUST BANK	FIRST LIENHOLDER SUNTRUST BANK	LIEN DATE 10/22/2013	LIEN DATE 10/22/2013
STREET 120 E BALTIMORE ST 25 FL	CITY BALTIMORE	STATE MD	ZIP CODE 21202
LIEN CODE SECOND LIENHOLDER	FIRST LIENHOLDER SECOND LIENHOLDER	LIEN DATE SECOND LIENHOLDER	LIEN DATE SECOND LIENHOLDER
STREET SECOND LIENHOLDER	CITY SECOND LIENHOLDER	STATE SECOND LIENHOLDER	ZIP CODE SECOND LIENHOLDER

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

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)		VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)	
SALE PRICE SALE PRICE	TRADE IN ALLOWANCE TRADE IN ALLOWANCE	TAXABLE AMOUNT TAXABLE AMOUNT	SALESTAX PAID SALESTAX PAID
DEALER NAME DEALER NAME	DEALER ADDRESS DEALER ADDRESS	DEALER # DEALER #	DEALER # DEALER #

*Required for Duplicate Title - T.C.A. 55-3-113 (submit Verifiable 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.		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 SIGNATURE OF CERTIFIER/OWNER		POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)	
DATE 11/25/2013		DATE 11/25/2013	

INVOICE NUMBER 13329 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 11/25/2013	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	HCM27
OFFICE USE ONLY EMISSION: Trailer					
REGISTRATION FEE 79.75	CREDIT CREDIT	LEASE FEE LEASE FEE	TRANS FEE TRANS FEE	CLERK FEE CLERK FEE	ISSUANCE FEE 12.00
COMPUTATION OF ☐ SALES TAX ☐ USE TAX	SALES OR USE TAX SALES OR USE TAX	SA TAX SA TAX	LOCAL TAX LOCAL TAX	ADDITIONAL TAX ADDITIONAL TAX	TITLE FEE 5.50
*SERVICE OPT FEE	ORGAN DONOR ORGAN DONOR	POSTAGE POSTAGE	VER VER	ID / RESIDENCY VERIFICATION ID / RESIDENCY VERIFICATION	TOTAL FEES COLLECTED .00
TOTAL FEES COLLECTED 97.25					TOTAL FEES COLLECTED 97.25