



OFFICIAL VEHICLE REGISTRATION

51495

City Stickers:

VEHICLE OR CURRENT TITLE NUMBER 84177014	TRANSACTION CODE N01	REGISTRATION ONLY NUMBER
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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"/> N	ILU <input checked="" type="checkbox"/> N
OWNER NAME BOWMAN SALES AND EQUIPMENT INC	FIRST NAME BOWMAN	MIDDLE INITIAL S	LAST NAME SALES AND EQUIPMENT INC
ADDRESS 1 (MAILING) PO BOX 433 % 10233 GOVENOR LN BLVD		ADDRESS 2 (PHYSICAL)	
CITY WILLIAMSPORT	STATE MD	ZIP CODE 21795	CITY WILLIAMSPORT
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 06/30/2011	*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # 301 582 1793
		*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #

VEHICLE INFORMATION	VEHICLE MAKE HYTR	VEHICLE MODEL 3H3	VEHICLE YEAR 2000	VEHICLE BODY SE	TITLE BRAND - list the appropriate code (N)NEW (1)RECONSTRUCTED VEHICLE (U)USED (2)FLOOD DAMAGE (D)DEMO (3)SPECIALLY CONSTRUCTED (8)PARTS ONLY	CODE U	TYPE OF FUEL - list the appropriate code GAS (1) ELECTRIC/HYBRID (3) DIESEL (2) PROPANE (4)	CODE 9
VEHICLE IDENTIFICATION NUMBER 3H3V482C2YT108301	STATE ME	PREVIOUS STATES TITLED	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	COMPANY VEHICLE # 511495
VEHICLE COLOR CODE (enter appropriate code)* *PER LOWER O	MOBILE HOME LGTH WDTH	# OF AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION				

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) U329835	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
DR 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 CODE	FIRST LIENHOLDER SUNTRUST BANK	LIEN DATE 06/30/2011
STREET 120 E BALTIMORE 25TH FL	CITY BALTIMORE	STATE MD
ZIP CODE 21202		
LIEN CODE	SECOND LIENHOLDER	LIEN DATE
STREET	CITY	STATE
ZIP CODE		

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	

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)				
SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALE TAX 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"/> RTN'D DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE

I, the undersigned, under penalties of perjury, I hereby certify that 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 to 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 10/20/2011
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VOICE NUMBER 11293 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 10/20/2011	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	KAR46
OFFICE USE ONLY REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	(total fees collected Indicated certifies this form as a valid registration) 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