



# OFFICIAL VEHICLE REGISTRATION

530351

**City Stickers:**

VEHICLE OR CURRENT TITLE NUMBER <b>1447996</b>	TRANSACTION CODE <b>N01</b>	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) <b>4</b>		MAO <input checked="" type="checkbox"/> <b>N</b>	ILU <input checked="" type="checkbox"/> <b>N</b>
FIRST NAME <b>BOWMAN TRAILER LEASING LLC</b>	MIDDLE INITIAL	LAST NAME <b>BOWMAN</b>	MIDDLE INITIAL

ADDRESS 1 (MAILING) <b>PO BOX 433 % 10233 GOVERNOR LN BLVD</b>	ADDRESS 2 (PHYSICAL)
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STATE <b>MD</b>	ZIP CODE <b>21795</b>	CITY <b>WILLIAMSPORT</b>	STATE	ZIP CODE
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OFFICE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>11/19/2012</b>	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # <b>301 582 1793</b>	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
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VEHICLE INFORMATION	MAKE <b>WABA</b>	MODEL <b>1JJ</b>	YEAR <b>1995</b>	BODY <b>SE</b>	TITLE BRAND - translation <b>USED</b>	CODE <b>U</b>	TYPE OF FUEL - translation	CODE <b>9</b>
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PREVIOUS TITLE # <b>1500272</b>	STATE <b>ME</b>	PREVIOUS STATES TITLED	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	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 <b>1</b>
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VEHICLE OR CODE (enter appropriate code) <b>0</b>	MOBILE HOME LGTH <b>0</b>	WIDTH	# OF AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # <b>530351</b>
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VEHICLE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) <b>J415941</b>	CLASSCODE/ISSUEYR(1)(3) <b>8020/1994</b>	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN)(2)	CLASS CODE/ISSUE YR(2)	EXPIRATION DATE (1)(2)(3) <b>PERMANENT</b>

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 DATE <b>11/19/2012</b>
LIEN CODE	FIRST LIENHOLDER <b>SUNTRUST BANK</b>	

ADDRESS <b>120 E BALTIMORE ST 25 FL</b>	CITY <b>BALTIMORE</b>	STATE <b>MD</b>	ZIP CODE <b>21202</b>
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LIEN CODE	SECOND LIENHOLDER	LIEN DATE

ADDRESS	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				
ADDRESS	CITY	STATE	ZIP CODE	

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)				
NET 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"/> RTN'D DUE TO NON DELIEVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE

I, the undersigned, hereby certify that the 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 determine the accuracy of the information provided by me or on my behalf.

NATURE OF CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)	DATE <b>01/25/2013</b>
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OFFICE NUMBER <b>13025 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>01/25/2013</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>	<b>HJC27</b>
*total fees collected Indicated certifies this form as a valid registration)					
REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>
SALES TAX <input type="checkbox"/> USE TAX <input type="checkbox"/>	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF
SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	TOTAL TAX COLLECTED <b>.00</b>
					TOTAL FEES COLLECTED <b>97.25</b>