



OFFICIAL VEHICLE REGISTRATION

532509

City Stickers:

NEW OR CURRENT TITLE NUMBER 84177068	TRANSACTION CODE N01	REGISTRATION ONLY NUMBER
------------------------------------------------	--------------------------------	--------------------------

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
ST NAME BOWMAN SALES AND EQUIPMENT INC	FIRST NAME BOWMAN	MIDDLE INITIAL	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	

TYPE 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 # 301 582 1793	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
---------------------------------------------------------------------------	------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------	----------------------------------	---------------------

VEHICLE INFORMATION	MAKE WABA	MODEL 1JJ	YEAR 1996	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
---------------------	---------------------	---------------------	---------------------	-------------------	---------------------------------------------------------------------------------------------------------------------------------------------------	------------------	------------------------------------------------------------------------------------------------	------------------

REGISTERED TITLE # 03287041920	STATE WI	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 (5)	CODE 1
PLOR CODE (enter appropriate code)* *PER LOWER O	MOBILE HOME LGTH WDTH	# OF AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 532509		

DATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
DATE # (1) U329851	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 DATE 06/30/2011
LIEN CODE	FIRST LIENHOLDER SUNTRUST BANK	
STREET 120 E BALTIMORE 25TH FL	CITY BALTIMORE	STATE MD
		ZIP CODE 21202
LIEN CODE	SECOND LIENHOLDER	LIEN DATE
STREET	CITY	STATE
		ZIP CODE

ESSEE / 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)				
SALE 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, do 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 or its 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
------------------------------	--------------------------------------------------------	---------------------------

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
*FEE USE ONLY EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration)					
REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE 12.00
					TITLE FEE 5.50
					TOTAL TAX COLLECTED .00
COMPUTATION OF SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX
<input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX					CITY STICKER FEE
SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED 97.25