



# OFFICIAL VEHICLE REGISTRATION

572337

**Stickers:**

NEW OR CURRENT TITLE NUMBER <b>84179598</b>	TRANSACTION CODE <b>N01</b>	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)  5  MAO  ILU  N

OWNER NAME <b>BOWMAN SALES AND EQUIPMENT INC</b>	ADDRESS 1 (MAILING) <b>PO BOX 433 % 10233 GOVENOR LN BLVD</b>	ADDRESS 2 (PHYSICAL)
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CITY <b>WILLIAMSPORT</b>	STATE <b>MD</b>	ZIP CODE <b>21795</b>	CITY <b>WILLIAMSPORT</b>	STATE <b>MD</b>	ZIP CODE <b>21795</b>
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TYPE OF RESIDENCE (PRINCIPAL BUS OR INCORP LOCATION) <b>HAMILTON 033</b>	PURCHASE DATE <b>06/30/2011</b>	LEASED <input type="checkbox"/> SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # <b>301 582 1793</b>	*PLACARD/HEARING IMPAIRED CLSYR	*INSURANCE POLICY #
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VEHICLE INFORMATION VIN <b>1S12E95382D477458</b>	MAKE <b>STRI</b>	MODEL <b>1S1</b>	YEAR <b>2002</b>	BODY <b>SE</b>	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 <b>U</b>	TYPE OF FUEL - list the appropriate code GAS (1) ELECTRIC/HYBRID (3) DIESEL (2) PROPANE (4)	CODE <b>9</b>
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PREVIOUS TITLE # <b>723001234050</b>	STATE <b>OK</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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SALES TAX CODE (enter appropriate code)* PER LOWER <b>0</b>	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # <b>572337</b>
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**PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS**

PLATE # (1) <b>U330437</b>	CLASS CODE/ISSUE YR (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>
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 <b>SUNTRUST BANK</b>	LIEN DATE <b>06/30/2011</b>
STREET <b>120 E BALTIMORE 25TH FL</b>	CITY <b>BALTIMORE</b>	STATE <b>MD</b>
ZIP CODE <b>21202</b>		
SECOND LIENHOLDER		LIEN DATE
STREET	CITY	STATE
ZIP CODE		

**REGISTRANT / REGISTRATION INFORMATION (OWNER OF PLATE)**

NAME	CITY	STATE	ZIP CODE
ADDRESS	CITY	STATE	ZIP CODE

**VEHICLE COST / TAX INFORMATION (required for Title & Registration Transactions)**

VEHICLE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALES TAX PAID	TAX EXEMPTION REASON / SALES TAX #
DEALER NAME	DEALER ADDRESS		DEALER #	

**CONDITIONS (required for Duplicate Title - T.C.A. 55-9-116 (submit lien file or altered Certificate of Title))**

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTND DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
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I, the undersigned, 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 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 <b>10/28/2011</b>
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VOICE NUMBER <b>11301 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>10/28/2011</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>	<b>HJC27</b>
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REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>	TOTAL TAX COLLECTED <b>.00</b>
COMPUTATION OF SALES TAX <input type="checkbox"/> USE TAX <input type="checkbox"/>	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY STICKER FEE
SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED <b>97.25</b>		