



# OFFICIAL VEHICLE REGISTRATION

572586

**City Stickers:**

OWNER OR CURRENT TITLE NUMBER <b>84179605</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  N  ILU  N

OWNER NAME <b>BOWMAN SALES AND EQUIPMENT INC</b>	OWNER FIRST NAME <b>BOWMAN</b>	OWNER MIDDLE INITIAL <b>S</b>	OWNER LAST NAME <b>AND EQUIPMENT INC</b>	OWNER FIRST NAME <b>BOWMAN</b>	OWNER MIDDLE INITIAL <b>S</b>
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ADDRESS 1 (MAILING) <b>PO BOX 433 % 10233 GOVERNOR 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 CLS/YR	*INSURANCE POLICY #
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**VEHICLE INFORMATION**

VIN <b>3H3V532C5YT115033</b>	MAKE <b>HYTR</b>	MODEL <b>3H3</b>	YEAR <b>2000</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 (P) PARTS ONLY	CODE <b>U</b>	TYPE OF FUEL - list the appropriate code GAS (1) DIESEL (2) ELECTRIC/HYBRID (3) PROPANE (4)	CODE <b>9</b>
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PREVIOUS TITLED # <b>CA59267056</b>	STATE <b>CA</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 CLASSIFICATION CODE (enter appropriate code) LOWER <b>O</b>	MOBILE HOME LGTH <b>0</b>	MOBILE HOME WIDTH <b>0</b>	# AXLES <b>0</b>	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # <b>572586</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>U330440</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>
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FRONT 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 CODE	FIRST LIENHOLDER <b>SUNTRUST BANK</b>	LIEN DATE <b>06/30/2011</b>
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REET <b>120 E BALTIMORE 25TH 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
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REET	CITY	STATE	ZIP CODE
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**REGISTRANT / REGISTRANT INFORMATION (OWNER OF PLATE)**

LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	ILU <input type="checkbox"/>
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NAME	CITY	STATE	ZIP CODE
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**VEHICLE COST / TAX INFORMATION** \*required for Title & Registration Transactions)

VEHICLE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALES TAX PAID	*TAX EXEMPTION REASON / SALES TAX #
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DEALER NAME	DEALER ADDRESS	DEALER #
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**VEHICLE CONDITION** \*required for Duplicate Title - T.C.A. 55-3-115 (submit flexible 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
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SIGNATURE OF CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)	DATE <b>10/28/2011</b>
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OFFICE 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>
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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
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ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	TOTAL FEES COLLECTED <b>97.25</b>
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