



OFFICIAL VEHICLE REGISTRATION

S86651

City Stickers:

OR CURRENT TITLE NUMBER 34179824	TRANSACTION CODE 001	REGISTRATION ONLY NUMBER
--	--------------------------------	--------------------------

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

OWNER NAME BOWMAN SALES AND EQUIPMENT INC	FIRST NAME BOWMAN	MIDDLE INITIAL S	LAST NAME SALES AND EQUIPMENT INC	FIRST NAME BOWMAN	MIDDLE INITIAL S
---	-----------------------------	----------------------------	---	-----------------------------	----------------------------

ADDRESS 1 (MAILING) PO BOX 433 % 10233 GOVENOR LN BLVD	ADDRESS 2 (PHYSICAL)
--	----------------------

CITY MILLIAMSPORT	STATE MD	ZIP CODE 21795	CITY MILLIAMSPORT	STATE MD	ZIP CODE 21795
-----------------------------	--------------------	--------------------------	-----------------------------	--------------------	--------------------------

OFFICE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 06/30/2011	*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 301 582 1793	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
---	------------------------------------	---	------------------------------------	----------------------------------	---------------------

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER 3H3V532C32T039478	MAKE HYTR	MODEL V12	YEAR 2002	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
---	---------------------	---------------------	---------------------	-------------------	---	------------------	---	------------------

PREVIOUS TITLE # 64155562	STATE TN	PREVIOUS STATES TITLED TN	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE	ODOMETER ACTUAL (9) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE 1
-------------------------------------	--------------------	-------------------------------------	-------------------------	--------------------------	-----------------	---	------------------

VEHICLE OR CODE (enter appropriate code)* LOWER 0	MOBILE HOME LGTH 0	WIDTH 0	# AXLES 0	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 586651
--	------------------------------	-------------------	---------------------	----------------------	-------------------------------	------------------------------------

VEHICLE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

PLATE # (1) U330493	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
-------------------------------	--	------------------	----------------------	-----------------------	-------------------------	-------------------------	---

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
-----------	--	--------------------------------

ADDRESS 120 E BALTIMORE 25TH FL	CITY BALTIMORE	STATE MD	ZIP CODE 21202
---	--------------------------	--------------------	--------------------------

LIEN CODE	SECOND LIENHOLDER	LIEN DATE
-----------	-------------------	-----------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

REGISTRANT / 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)

VEHICLE 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
-------------------------------	---------------------------------	------------------------------------	---	----------------------------------	------------------------------------

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 assignees 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 10/31/2011
---------------------------	--	---------------------------

COUNTY NUMBER 11304 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 10/31/2011	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	HJC27
---------------------------------	--------------------------------	------------------------	--	--	--------------

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 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 97.25
-----------------	-------------	---------	-----	-----------------------------	---------------------------------------