

OFFICIAL VEHICLE REGISTRATION

LAST NAME FIRST NAME MIDDLE INITIAL LAST NAME FIRST NAME BOWMAN TRAILER LEASING LLC	N I	
BOWMAN TRAILER LEASING LLC	NI I	
	MAO N ILU I	
ADDRESS 1 (MAILING) ADDRESS 2 (PHYSICAL)		
10233 GOVERNOR LN BLVD		
WILLIAMSPORT MD 21795	ZIP CODE	4
HAMILTON 033 PURCHASE DATE 06/29/2012 LEASED 0 SERVICE OPTIONS SEE REVERSE SIDE FOR INSTRUCTIONS 100 SERVICE OPTIONS 301 582 1793	INSURANCE FOLICT	
VEHICLE INFORMATION VIN MAKE MODEL YEAR BODY TITLE BRAND - translation CODE TYPE OF FUEL -	translation	CODE
1GRAA06202T008570 GDAN 741 2002 SE USED U		9
SURRENDERED TITLE # STATE PREVIOUS STATES TITLED VEHICLE USE VEHICLE TYPE CURRENT MILEAGE ODOMETER ACTUAL (0) NOT INDICATOR OVER 10 YRS / 16, (List one) IN EXCESS OF MEC	000 LBS (1)	CODE 1
00201110	MPANY VEHICLE #	8534
PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS PLATE #(1) CLASSCODE/ISSUEYR(1)(3) VALIDATION #(1) COUNTY STICKER #(1) CITY STICKER #(1)(2) *PLATE #(TRADE IN)(2) CLASS CODE/ISSUE YR(2) U383458 8020/1994	EXPIRATION DATE (
	R CARRIER #(8)	
SUNTRUST BANK STREET 120 E BALTIMORE ST 25 FL LIEN CODE SECOND LIENHOLDER STATE MD MD	ZIP CODE 21202 LIEN DAT	
STREET CITY STATE	ZIP CODE	
*LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE) LEGAL STATUS NAME CODE NAME 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 EXEMPTI	ION REASON / SALES	TAX#
DEALER NAME DEALER ADDRESS DE	EALER#	
*Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title) LOST STOLEN MUTILATED RTN'D DUE TO NON DELIEVERY ALTERED	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 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	09/21/2012	
INVOICE NUMBER COUNTY NAME CO NUMBER DATE OF APPLICATION BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(C) 12265 @ HAMILTON 33 09/21/2012 W.F. (BILL) KNOWLES		JC27
OFFICE USE ONLY REGISTRATION FEE CREDIT LEASE FEE TRANS FEE CLERK FEE ISSUANCE FEE TITLE FEE TOTAL T 79.75 (total fees collected Indicated certifies this form as a validation of the collected Indicated Certifies this f		10027
SALES TAX USE TAX SERVICE OPT FEE ORGAN DONOR POSTAGE VER ID / RESIDENCY VERIFICATION "TOTAL ID / RESIDENCY VERIFICATION"	FEES COLLECTED	