

OFFICIAL VEHICLE REGISTRATION

TRACEST TITLE MUMBER OAST 6889 OAST 6	ity Stickers:								5886	011	
NER INFORMATION LEGAL STATUS: 1 (AND) 2 (09) ENTER NAME CODE IN BOX 1 (SAME) 2 (DEFFERENT) SMULTIFIE LAST NAMES) 4 (COMPANY) 5 (OVER 20 CHARACTERS) 4 MIDDLE INTIAL LOST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE INTIAL LOST NAME FIRST NAME FIRST NAME MIDDLE INTIAL LOST NAME FIRST NAME FIRST NAME MIDDLE INTIAL ADDRESS 2 (PHYSCAL) 2279 CODE VILLIAMSPORT MD 21795 TELEPHONE # 301 582 1793 TODE FOR ADDRESS 2 (PHYSCAL) TODE FIRST NAME FIRST NAME MIDDLE INTIAL TELEPHONE # 301 582 1793 TELEPHONE # 301 582 1793 TELEPHONE # 301 582 1793 TELEPHONE # PALCARCHHEARING IMPAIRED CLSVIR TINSUIRANCE POLICY # TRESHCHARTON CODE GRAADGEOZTO08665 GDAN 741 2002 SE USED UNREDITION GRAADGEOZTO08665 GDAN 741 2002 SE USED UNREDITION FIRST NAME FIRST NAM	VOR CURRENT TITLE NUMBER				NOON ASSESSMENT	REGISTRA					
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OR CODE (enter appropriate code)* 1 OWER MOBILE HOME # AXLES GROSS VEHICLE WEIGHT "VEHICLE TRADE-IN DESCRIPTION COMPANY VEHICLE # 588611 TIE INFORMATION "frequired for Title and Registration and Registration of Propriate (17 COUNTY STICKER #(1)) CLASS CODE/ISSUEYRI(1)(3) VALIDATION #(11) COUNTY STICKER #(1)) CITY STICKER #(1)(2) "PLATE #(TRADE IN)(2) CLASS CODE/ISSUEYRI(2) EXPIRATION DATE (1)(2)(3) PERMANENT	3268632				F	INDICATO (List one)		(List one) IN EX	IN EXCESS OF MECHANICAL LIMITS (9)		
588611 TE INFORMATION '(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS TE #(1) CLASSCODE/RSSUE/R(1)(3) VALIDATION #(1) COUNTY STICKER #(1) CITY STICKER #(1)(2) "PLATE #(TRADE IN)(2) CLASS CODE/RSSUE YR(2) EXPIRATION DATE (1)(2)(3) J383405 8020/1994 PERMANENT ISTICKER #(4) TEMP OPERATOR PERMIT #(3) # OF SEATS(5) ZONE(COUNTY NAME)(6) USDOT / REGISTRANT #(7) MOTOR CARRIER #(8) #INFORMATION (If lien present). **CODE FIRST LIENHOLDER SUNTRUST BANK ILEN DATE 120 E BALTIMORE ST 25 FL BALTIMORE **CODE SECOND LIENHOLDER **CODE SECOND LIENHOLDER **CODE SECOND LIENHOLDER **COTY STATE ZIP CODE** **SEEF / REGISTRANT INFORMATION(OWNER OF PLATE) LEGAL STATUS NAME CODE NAME **RAME **PRESS **CITY STATE ZIP CODE** **CODE NAME **INFORMATION '(required for Title & Registration Transactions)** **ICLE COST / TAX INFORMATION '(required for Title & Registration Transactions)** **ICLE COST / TAX INFORMATION '(required for Title & Registration Transactions)** **ICLE COST / TAX INFORMATION '(required for Title & Registration Transactions)** **ICLE COST / TAX INFORMATION '(required for Title & Registration Transactions)** **ICLE COST / TAX INFORMATION '(required for Title & Registration Transactions)** **ICLE COST / TAX INFORMATION '(required for Title & Registration Transactions)** **ICLE COST / TAX INFORMATION '(required for Title & Registration Transactions)** **ICLE COST / TAX INFORMATION '(required for Title & Registration Transactions)** **ICLE COST / TAX INFORMATION '(required for Title & Registration Transactions)** **ICLE COST / TAX INFORMATION '(required for Title & Registration Transactions)** **ICLE COST / TAX INFORMATION '(required for Title & Registration Transactions)** **ICLE COST / TAX INFORMATION '(required for Title & Registration Transactions)** **ICLE COST / TAX INFORMATION '(required for Title & Registration Transactions)** **ICLE COST / TAX INFORMATION '(required for Title & Registration Transactions)** **ICLE COST	OR CODE (enter appropriate code)* MOBILE HO	ME		S GRO			*VEHICLE TRADE-IN DI	ESCRIPTION	COMPANY VEHICLE #		
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quired 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		Illegible or altere	7		RTN	V'D DUE TO NON DELIE	EVERY AL	TERED	ILLEGIBLE		
er penaltiles 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 is assignees to determine the accuracy of the information provided by me or on my behalf.	er penalties of perjury, I hereby certify all informatic	n provided is true	e and correct to the	ne best of my kri half.	nowledge, and a	cknowledge that it is not	the responsibility of the Mo	otor Vehicle Division			
NATURE OF CERTIFIER/OWNER POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) DATE 09/21/2012			F	POWER OF AT	TORNEY/AUTH	ORIZED SIGNATURE(I	F APPLICABLE)			2	
DICE NUMBER COUNTY NAME CO NUMBER DATE OF APPLICATION BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)	OICE NUMBER COUNTY NAME					5 - A 11 - A 12	T				
2265 @ HAMILTON 33 09/21/2012 W.F. (BILL) KNOWLES HJC27 ICE USE ONLY EMISSION: Trailer (total fees collected Indicated certifies this form as a valid registration)		and the same of th		33	09	21/2012			form as a valid registration)	HJC27	
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