



OFFICIAL VEHICLE REGISTRATION

6012328

My Stickers:
 OR CURRENT TITLE NUMBER: **1468879** 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) **4** MAO **N** ILU **N**

NAME: **OWMAN TRAILER LEASING LLC** FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS 1 (MAILING): **1233 GOVERNOR LN BLVD** ADDRESS 2 (PHYSICAL): _____

STATE: **MD** ZIP CODE: **21795** CITY: _____ STATE: _____ ZIP CODE: _____

RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION: **HAMILTON 033** PURCHASE DATE: **02/27/2012** *LEASED **0** *SERVICE OPTIONS TELEPHONE #: **301 582 1793** *PLACARD/HEARING IMPAIRED CLS/YR: _____ *INSURANCE POLICY #: _____

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER: **JJV532W3XL509929** MAKE: **WABA** MODEL: **1JJ** YEAR: **1999** 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) DIESEL (2) ELECTRIC/HYBRID (3) PROPANE (4) CODE: **9**

REGISTERED TITLE #: **9136429** STATE: **TN** PREVIOUS STATES TITLED: **TN** VEHICLE USE: **F** VEHICLE TYPE: **S** CURRENT MILEAGE: _____ ODOMETER INDICATOR (List one) ACTUAL (0) NOT ACTUAL (8) OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9) CODE: **1**

VEHICLE CODE (enter appropriate code)*: _____ MOBILE HOME LGTH: _____ WIDTH: _____ # AXLES: _____ GROSS VEHICLE WEIGHT: _____ *VEHICLE TRADE-IN DESCRIPTION: _____ COMPANY VEHICLE #: **6 012328**

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

PLATE # (1): **I360464** 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: **02/27/2012**

LIEN #1: _____ CITY: **BALTIMORE** STATE: **MD** ZIP CODE: **21202**

LIEN #2: _____ CITY: _____ STATE: _____ ZIP CODE: _____

REGISTRANT INFORMATION (OWNER OF PLATE)

LEGAL STATUS: NAME CODE: MAO: ILU:

NAME: _____ 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 #: _____

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

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.

SIGNATURE OF CERTIFIER/OWNER: _____ POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE): _____ DATE: **07/25/2012**

REGISTRATION INFORMATION

OFFICE NUMBER: **12207 @** COUNTY NAME: **HAMILTON** CO NUMBER: **33** DATE OF APPLICATION: **07/25/2012** BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK): **W.F. (BILL) KNOWLES** HJC27

VEHICLE USE ONLY: **EMISSION: Trailer** (total fees collected indicated certifies this form as a valid registration)

REGISTRATION FEE	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE	TITLE FEE	TOTAL TAX COLLECTED
79.75					12.00	5.50	.00
IMPUTATION 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		