



# OFFICIAL VEHICLE REGISTRATION

6027383

**ity Stickers:**

VEHICLE OR CURRENT TITLE NUMBER <b>10469668</b>	TRANSACTION CODE <b>001</b>	REGISTRATION ONLY NUMBER
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OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTERS) <b>4</b>		MAO <input checked="" type="checkbox"/> <b>N</b> ILU <input checked="" type="checkbox"/> <b>N</b>
OWNER NAME <b>BOWMAN TRAILER LEASING LLC</b>	LAST NAME <b>BOWMAN</b>	FIRST NAME <b>TRAILER</b>

ADDRESS 1 (MAILING) <b>10233 GOVERNOR LN BLVD</b>	ADDRESS 2 (PHYSICAL)
CITY <b>MILLIAMSPORT</b>	CITY <b>MD</b>
STATE <b>MD</b>	STATE <b>MD</b>
ZIP CODE <b>21795</b>	ZIP CODE <b>21795</b>

HOME ADDRESS/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>02/27/2012</b>	*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # <b>301 582 1793</b>	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
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VEHICLE INFORMATION	MAKE <b>TRAI</b>	MODEL <b>1PT</b>	YEAR <b>1999</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 (8)PARTS ONLY	CODE <b>U</b>	TYPE OF FUEL - list the appropriate code GAS (1) ELECTRIC/HYBRID (3) DIESEL (2) PROPANE (4)	CODE <b>9</b>
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REGISTERED TITLE # <b>70480596</b>	STATE <b>TN</b>	PREVIOUS STATES TITLED <b>IL</b>	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE	ODOMETER INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE <b>1</b>
VEHICLE OR CODE (enter appropriate code)* *ER LOWER <b>0</b>	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # <b>6 027383</b>		

*SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) <b>J360777</b>	CLASSCODE/ISSUEYR(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>
REGISTRATION 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 DATE
LIEN CODE	FIRST LIENHOLDER <b>SUNTRUST BANK</b>	<b>02/27/2012</b>
ADDRESS <b>120 E BALTIMORE ST 25 FL</b>	CITY <b>BALTIMORE</b>	STATE <b>MD</b>
ZIP CODE <b>21202</b>	SECOND LIENHOLDER	LIEN DATE

REGISTRANT INFORMATION (OWNER OF PLATE)	LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	ILU <input type="checkbox"/>
NAME	CITY	STATE	ZIP CODE	

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX PAID	*TAX EXEMPTION REASON / SALES TAX #
DEALER NAME	DEALER ADDRESS	DEALER #		

<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 checked="" type="checkbox"/> ILLEGAL
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I hereby certify that the 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 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 <b>07/27/2012</b>
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OFFICE NUMBER <b>12209 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>07/27/2012</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>	<b>HJC27</b>
REGISTRATION FEE <b>79.75</b>	CREDIT <b>EMISSION: Trailer</b>	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE <b>12.00</b>
TITLE FEE <b>5.50</b>	TOTAL TAX COLLECTED <b>.00</b>	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX
SALES TAX <input type="checkbox"/> USE TAX	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED <b>97.25</b>