



# OFFICIAL VEHICLE REGISTRATION

6027443

**Vehicle Information**

VEHICLE OR CURRENT TITLE NUMBER <b>0469680</b>	TRANSACTION CODE <b>001</b>	REGISTRATION ONLY NUMBER
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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  ILU

OWNER NAME <b>BOWMAN TRAILER LEASING LLC</b>	FIRST NAME <b>BOWMAN</b>	MIDDLE INITIAL	LAST NAME <b>TRAILER LEASING</b>	FIRST NAME <b>TRAILER</b>	MIDDLE INITIAL
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ADDRESS 1 (MAILING) <b>10233 GOVERNOR LN BLVD</b>	ADDRESS 2 (PHYSICAL)
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CITY <b>HAMILTON</b>	STATE <b>MD</b>	ZIP CODE <b>21795</b>	CITY	STATE	ZIP CODE
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TYPE OF RESIDENCE/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"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # <b>301 582 1793</b>	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
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**Vehicle Information**

VEHICLE IDENTIFICATION NUMBER <b>1DW1A5327XS300011</b>	MAKE <b>STOU</b>	MODEL <b>1DW</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>70488638</b>	STATE <b>TN</b>	PREVIOUS STATES TITLED <b>WI</b>	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (6) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE <b>1</b>
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VEHICLE OR CODE (enter appropriate code) *LOWER <b>0</b>	MOBILE HOME LGTH <b>0</b>	WIDTH <b>0</b>	# AXLES <b>0</b>	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # <b>6027443</b>
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**Plate Information** \*(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

PLATE # (1) <b>J360784</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>
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TRAFFIC STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)	USDOT / REGISTRANT # (7)	MOTOR CARRIER # (8)
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**Lien Information** (if lien present)

LIEN CODE	FIRST LIENHOLDER <b>SUNTRUST BANK</b>	LIEN DATE <b>02/27/2012</b>
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ADDRESS <b>120 E BALTIMORE ST 25 FL</b>	CITY <b>BALTIMORE</b>	STATE <b>MD</b>	ZIP CODE <b>21202</b>
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LIEN CODE	SECOND LIENHOLDER	LIEN DATE
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ADDRESS	CITY	STATE	ZIP CODE
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REGISTRANT / REGISTRANT INFORMATION (OWNER OF PLATE) LEGAL STATUS  NAME CODE  MAO  ILU

NAME	NAME
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ADDRESS	CITY	STATE	ZIP CODE
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**Vehicle Cost / Tax Information** \*(required for Title & Registration Transactions)

VEHICLE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALES TAX PAID	*TAX EXEMPTION REASON / SALES TAX #
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DEALER NAME	DEALER ADDRESS	DEALER #
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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 DELIVERY  ALTERED  ILLEGIBLE

I, the undersigned, for 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.

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>
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REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>	TOTAL TAX COLLECTED <b>.00</b>
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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
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SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED <b>97.25</b>
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