

## TENNESSEE DEPARTMENT OF REVENUE VEHICLE TAXPAYER SERVICES DIVISION MULTI-PURPOSE APPLICATION

## OFFICIAL VEHICLE REGISTRATION

City Stickers:							6748	160
NEW OR CURRENT TITLE NUMBER 90485598		T	CODE:	REGISTRATIO	ON ONLY NUMBER			
OWNER INFORMATION *LEGAL STATUS: 1 (ANI	FINST NAME	E CODE IN BOX 1 (SAN MIDDLE INITIA	ME) 2(DIFFEREI AL	NT) 3(MULTIPLE LAST NAM LAST NAME	MES) 4(COMPANY) 5(O	VER 28 CHARACTERS) 4 FIRST NAME	MAO N ILU	
BOWMAN TRAILER LEAS  ADDRESS 1 (MAILING)	SING LLC			ADDRESS 2 (PHYSICAL)				
10233 GOVERNOR LN B				160				
WILLIAMSPORT MD		ZIP CODE 21795		CITY STATE		STATE	E ZIP CODE	
CHTY OF RESIDENCE/PRINCIPAL BUS OR INCORPLOCATION  PURCHASE DATE  ACCIONO		*LEASED 0 *SERVICE OPTION		TELEPHONE #		HEARING IMPAIRED CLS/	*INSURANCE POLICY	#
HAMILTON 033  VEHICLE INFORMATION	06/29/2012	SEE REVERSE SIDE FOR	RINSTRUCTIONS	301 582	1793			1 0 L
VIN		ODEL YEAR	BODY	TITLE BRAND - translation	n		F FUEL - translation	CODE
1GRAA06268T546473		IGR 2008	SE VEHICLE US	USED SE VEHICLE TYPE	CURRENT MILEAGE	ODOMETER ACTUAL	(0) NOT ACTUAL (8)	9 CODE
74699798	TN TN	3 STATES TILLED	F	S	CORNEIVI MILEAGE	INDICATOR OVER 10	O YRS / 16,000 LBS (1) S OF MECHANICAL LIMITS (9)	1
	E HOME WDTH	# AXLES GR	OSS VEHICLE		VEHICLE TRADE-IN DE	ESCRIPTION	COMPANY VEHICLE #	
0							67	4816
PLATE INFORMATION *(required for Title and Rec PLATE #(1) CLASSCODE/ISSUEY					TIONS TE #(TRADE IN)(2)	CLASS CODE/ISSUE YF	R(2) EXPIRATION DATE	(1)(2)(3)
U382871 8020/19							PERMA MOTOR CARRIER #(8)	NENT
TDR STICKER #(4) TEMP OPERATOR	PERMIT #(3) # OF S	EATS(5) ZONE(CO	OUNTY NAME)(	6) USDOI	7 / REGISTRANT #(7)		MOTOR CARRIER #(8)	
LIEN INFORMATION (If lien present)							LIEN DA	re
LIEN CODE FIRST LIENHOLDER SUNTRUST I	BANK							/2012
STREET 120 E BALTIMORE				BALTIMOF	DE	STATE MD	ZIP CODE 21202	
LIEN CODE SECOND LIENHOLDER	31 23 FL			DALTIMOT	11_	- IND	LIEN DA	TE
STREET				CITY		STATE	ZIP CODE	
SILLI						29.55.00 f.13400		
*LESSEE / REGISTRANT INFORMATION(OWNE	R OF PLATE)	LEGAL STATUS	NAME	CODE MAO	ILU L			
						CTATE	ZIP CODE	
ADDRESS			CI	TY		STATE	ZIF CODE	
VEHICLE COST / TAX INFORMATION *(required	for Title & Registration Trans		ABLE AMOUNT	SA	LESTAX PAID	*TAX	EXEMPTION REASON / SALES	TAX#
DEALER NAME DEALER ADDRESS			s	DEALER				
DEALET WANTE								
*Required for Duplicate Title - T.C.A. 55-3-115 (su	bmit Illegible or altered Certif	icate of Title)						
LOST STOL		MUTILATED	RT	N'D DUE TO NON DELIEVE	RY AL	TERED	ILLEGIBLE	
LOST STOL Under penalties of perjury, I hereby certify all inform or its assignees to determine the accuracy of the in	EN .	orrect to the best of my k	nowledge, and a	acknowledge that it is not the	responsibility of the Mo	stor Vehicle Division		
LOST STOL	EN .	orrect to the best of my k	nowledge, and a		responsibility of the Mo	stor Vehicle Division	DATE 09/14/2012	2
Under penalties of perjury, I hereby certify all inform or its assignees to determine the accuracy of the in SIGNATURE OF CERTIFIER/OWNER  INVOICE NUMBER COUNTY NAME	nation provided is true and conformation provided by me or	prrect to the best of my keen my behalf.  POWER OF AT	TTORNEY/AUTH	acknowledge that it is not the HORIZED SIGNATURE(IF A	responsibility of the Mo	otor Vehicle Division	DATE 09/14/2012	
Under penalties of perjury, I hereby certify all inform or its assignees to determine the accuracy of the insignature of Certifier/OWNER  INVOICE NUMBER COUNTY NAME  12258 @ HAMIL	nation provided is true and conformation provided by me or	prect to the best of my keen my behalf.  POWER OF AT  CO NUMBER  33	TTORNEY/AUTH	acknowledge that it is not the HORIZED SIGNATURE(IF A PPLICATION /14/2012	e responsibility of the Mo PPLICABLE)  BY AUTHORITY OF RE W.F. (BILL) (total fees collected li	otor Vehicle Division	09/14/2012	2 CAR46
Under penalties of perjury, I hereby certify all inform or its assignees to determine the accuracy of the insignature of Certifier/OWNER  INVOICE NUMBER COUNTY NAME  12258 @ HAMIL OFFICE USE ONLY EMISSION REGISTRATION FEE CREDIT  79.75	mation provided is true and conformation provided by me or  TON  N: Trailer  LEASE FEE	prirect to the best of my keen my behalf.  POWER OF AT  CO NUMBER  33	DATE OF AI  OP  RANS FEE	ACKNOWLED SIGNATURE (IF A PPLICATION   CLERK FEE   I	PPLICABLE)  BY AUTHORITY OF RE  W.F. (BILL)  (total fees collected in SSUANCE FEE 12.00	GISTRAR OF MOTOR VEH KNOWLES Indicated certifies this form	09/14/2012  IICLES(COUNTY CLERK)  It as a valid registration)	
Under penalties of perjury, I hereby certify all inform or its assignees to determine the accuracy of the insignature of Certifier/OWNER  INVOICE NUMBER COUNTY NAME  12258 @ HAMIL OFFICE USE ONLY EMISSIO	mation provided is true and conformation provided by me or  TON  N: Trailer  LEASE FEE  ETAX SA TAX	prirect to the best of my keen my behalf.  POWER OF AT  CO NUMBER  33	DATE OF AI  OP  RANS FEE  ADDITIONAL T.	ACKNOWLED SIGNATURE (IF A PPLICATION   CLERK FEE   I	W.F. (BILL) (total fees collected in SSUANCE FEE 12.00	GISTRAR OF MOTOR VEH KNOWLES adicated certifies this form LE FEE 5.50	09/14/2012  IICLES(COUNTY CLERK)  It as a valid registration)  TOTAL TAX COLLECTED  .00	