OFFICIAL VEHICLE REGISTRATION

| / Stickers: | | | | Тъ | ANSACTION | BEGIS | TRATION ONLY | NUMBER | | | 675 | 000 |
|---|--|---------------------------------|---------------------------|------------------|-----------------------------|--|---------------------------------|--------------------------------|--|---|---|---------------|
| R CURRENT TITLE NUMBER 488296 | | | | | ANSACTION ODE: | 11231 | | | | | | |
| R INFORMATION *LEGAL STAT | HE 1 (AND) 2 (0 | D ENTER | NAME CODE IN | N BOX 1 (SAME | E) 2(DIFFERI | ENT) 3(MULTIPLE LA | ST NAMES) 4(C | OMPANY) 5(OV | ER 28 CHARACTERS) | 4 | MAO N ILU | N |
| JAME | F | INST NAME | N | MIDDLE INITIAL | - | LAST NAME | | | FIRST NAME | | MIDDLE INITIA | L |
| OWMAN TRAILER | ADDRESS 2 (PHY | SICAL) | | | | | | | | | | |
| 233 GOVERNOR | INBIV |) | | | | ADDRESS 2 (FITT | SIGNE | | | | | |
| STATE ZIP CODE | | | | | | CITY STATE ZIP CODE | | | | | | |
| ILLIAMSPORT RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION | | MD 21795 | | | | | | Labitotop | LIEADING IMPAIRED C | EVB I | INSURANCE POLICY | / # |
| | | RCHASE DATE | ED O SERVICE OPTION | | NS TELEPHO | 582 179 | *PLACARD/HEARING IMPAIRED CLS/Y | | LOZIII | | | |
| AMILTON 033 | | 06/29/20 | 12 SEE F | REVERSE SIDE FOR | INSTRUCTIONS | 301 | 302 173 | | i yekerejir | 5.73.A | | |
| LE INFORMATION | FEG. Strang. | MAKE | MODEL | YEAR | BODY | TITLE BRAND - | ranslation | | CODE TYPE | E OF FUEL | - translation | CODE |
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| ENDERED TITLE # | | STATE PRE | VIOUS STATES | STITLED | VEHICLE | USE VEHICLE TO | PE CURRE | NT MILEAGE | ODOMETER ACTU INDICATOR OVER (List one) IN EXC | UAL (0) NOT R 10 YRS / 16 CESS OF MED | ACTUAL (8) ,000 LBS (1) CHANICAL LIMITS (9) | CODE |
| 954485 | | TN TN | | | F | S | N/51/161 | E TRADE-IN DE | | | OMPANY VEHICLE # | 1 |
| R CODE (enter appropriate code)* MOBILE LGTH | | ME WDTH | # AXLE | S GR | OSS VEHICL | E WEIGHT | VEHICL | E THADE-IN DE | SOME HON | | | 75000 |
| 100000000000000000000000000000000000000 | | | | \ 655 BY | EVEDSE SID | E FOR COMPLETE II | USTRUCTIONS | | | | #1 P. T. 1981 | |
| E INFORMATION *(required for T E #(1) CLASSCO | Title and Registra DE/ISSUEYR(1)(| tion and Registral 3) VALIDATIO | ion Only Transa N #(1) | COUNTY STICK | KER #(1) | CITY STICKER #(1)(2 | PLATE #(TR | ADE IN)(2) | CLASS CODE/ISSUE | YR(2) | EXPIRATION DATE | an environmen |
| 383701 8 | 020/1994 | 1 | | | | | | OTO ANT #/7) | | МОТО | PERM. | ANEN |
| STICKER #(4) TEMP (| OPERATOR PER | RMIT #(3) | # OF SEATS(5) | ZONE(CO | OUNTY NAM | E)(6) | USDOT / REGI | SIHANI#(/) | | 1 | 1107111112111707 | |
| | | | e e e e | | 41.4.74 | | | | | | | 90 7 1 1 |
| INFORMATION (If lien present) CODE FIRST LIENHOLDS | R | | 20 10 10 10 | | | | | | | | LIEN D | |
| SUNTI | RUST BA | NK | | | | | | | 07.175 | | ZIP CODE | 29/2012 |
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| 120 E BALTI CODE SECOND LIENHO | | 1 25 FL | | | | | | | | | LIEN D | ATE |
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| 1000 | | | | | 1 | ur cope | мао | ILU 🔲 | | | | |
| ISEE / REGISTRANT INFORMATION | TION(OWNER O | F PLATE) | LEGA | L STATUS L | NAI | NAME | WAO LLJ | ILO LLLO | | | | |
| | | | | | | CITY | | | STATE | | ZIP COD | Œ |
| RESS | | | | | | | | A CONTRACTOR OF THE CONTRACTOR | egio civili de Alberta | e elverie | | 327/ |
| IICLE COST / TAX INFORMATIO | ON *(required for | Title & Registration | n Transactions) |) TAY | XABLE AMOU | UNT | SALESTA | X PAID | | TAX EXEM | PTION REASON / SALE | ES TAX # |
| E PRICE TRADE IN ALLOWANCE | | | | | Wilder in the | | | | | DEALER # | | |
| ILER NAME | | | DE | ALER ADDRES | SS | | | | | | | |
| guired for Duplicate Title - T.C.A. | 55-3-115 (subm | it Illegible or altere | ed Certificate of | Title) | | | Taraliti | HEEL, Y | | | | |
| 7 [| STOLEN | | MUTILA | | | RTN'D DUE TO NO | DELIEVERY | | ALTERED | | ILLEGIBLE | |
| er penalties of perjury, I hereby c | | | e and correct to | the best of my | knowledge, | and acknowledge that | it is not the respo | onsibility of the N | Motor Vehicle Division | | | |
| er penalties of perjury, I hereby of assignees to determine the acc NATURE OF CERTIFIER/OWN | ertify all informati uracy of the informati ER | mation provided b | y me or on my | POWER OF | ATTORNEY// | | α | ABLE) | | DATE | 00/04/00: | 10 |
| INATOTIC OF OCCUPANT | | | | U | 111 | 1 1000 | NOFE | (| REGISTRAR OF MOTOR | VEHICLES | 09/24/20 | 12 |
| OIOL ITOMOLIT | UNTY NAME | | | CO NUMBER | | 09/24/2012 | W | F. (BILL) | KNOWLES | | | HJC2 |
| 2268 @ HAMILTO | | : Trailer | | | | | (total fees o | | collected Indicated certifies this form | | n as a valid registration) TOTAL TAX COLLECTED | |
| districtive | REDIT | LEA | ASE FEE | | TRANS FEE | | 12 | 2.00 | 5.50 | .0 | 0 | |
| 79.75 MPUTATION OF | SALES OR USE T | TAX SATA | AX LO | OCAL TAX | ADDITION | IAL TAX | COLLECTED IN | STATE OF C | COUNTY WHEEL TAX | CITY | STICKER FEE | |
| SALES TAX USE TAX | | | VE | R | ID / RESIDENCY VERIFICATION | | | | TOTAL FEES COLLECTED | | | |
| ERVICE OPT FEE ORGAN DONOR POSTAGE | | | | | | 97.25 Check#: Credit: 0.00 Auth#: Change: 0. | | | | | | DA 600 |
| -1357 Port: WK48 | /DR27/802 | 0 Cash | : 0.00 | Check: | 0.00 | Check#: | Credit | : 0.00 | Auth#: | onang | e. 0.90 R | DA-692 |