



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

OFFICIAL VEHICLE REGISTRATION

Stickers:

| | | |
|---|--------------------------------|---|
| VEHICLE OR CURRENT TITLE NUMBER 0488307 | TRANSACTION CODE 001 | REGISTRATION ONLY NUMBER 675010 |
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| VEHICLE 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) 4 | | MAO <input checked="" type="checkbox"/> N ILU <input checked="" type="checkbox"/> N |
| FIRST NAME LOWMAN TRAILER LEASING LLC | | LAST NAME |
| MIDDLE INITIAL | | MIDDLE INITIAL |
| ADDRESS 1 (MAILING) 0233 GOVERNOR LN BLVD | | ADDRESS 2 (PHYSICAL) |
| STATE MD ZIP CODE 21795 | | CITY STATE ZIP CODE |
| OFFICE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033 | PURCHASE DATE 06/29/2012 | *LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS |
| TELEPHONE # 301 582 1793 | | *PLACARD/HEARING IMPAIRED CLS/YR *INSURANCE POLICY # |

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| VEHICLE IDENTIFICATION INFORMATION | | MAKE WABA | MODEL 1JJ | YEAR 2004 | BODY SE | TITLE BRAND - translation USED | CODE U | TYPE OF FUEL - translation | CODE 9 |
| VEHICLE IDENTIFICATION NUMBER JJV532W14L876226 | | | | | | | | | |
| REGISTERED TITLE # 6954495 | | STATE TN | PREVIOUS STATES TITLED TN | VEHICLE USE F | VEHICLE TYPE S | CURRENT MILEAGE | ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9) | CODE 1 | |
| VEHICLE OR CODE (enter appropriate code) FR LOWER | | MOBILE HOME LGTH WIDTH | # AXLES | GROSS VEHICLE WEIGHT | | *VEHICLE TRADE-IN DESCRIPTION | | COMPANY VEHICLE # 675010 | |

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| VEHICLE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS | | | | | | | |
| TE # (1) 1383711 | CLASSCODE/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) | |

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| LIEN INFORMATION (If lien present) | | | |
| LIEN CODE | FIRST LIENHOLDER SUNTRUST BANK | LIEN DATE 06/29/2012 | |
| EET 120 E BALTIMORE ST 25 FL | | CITY BALTIMORE | STATE MD ZIP CODE 21202 |
| LIEN CODE | SECOND LIENHOLDER | LIEN DATE | |
| EET | | CITY | STATE ZIP CODE |

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|--|--|---------------------------------------|------------------------------------|------------------------------|------------------------------|
| SSEE / REGISTRANT INFORMATION (OWNER OF PLATE) | | LEGAL STATUS <input type="checkbox"/> | NAME CODE <input type="checkbox"/> | MAO <input type="checkbox"/> | ILU <input type="checkbox"/> |
| NAME | | NAME | | | |
| 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 | SALESTAX PAID | *TAX EXEMPTION REASON / SALES TAX # |
| 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) | | | | |
| <input type="checkbox"/> LOST | <input type="checkbox"/> STOLEN | <input type="checkbox"/> MUTILATED | <input type="checkbox"/> RTN'D DUE TO NON DELIVERY | <input type="checkbox"/> ALTERED |
| <input type="checkbox"/> ILLEGIBLE | | | | |

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| I, the undersigned, do hereby certify that 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. | | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) | | DATE 09/24/2012 |
| NATURE OF CERTIFIER/OWNER | | | | |

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|---|-------------------|--------------------------------|------------------------|--|--|---------------------------------------|-----------------------------------|--------------|
| OFFICE NUMBER 2268 @ | | COUNTY NAME HAMILTON | CO NUMBER 33 | DATE OF APPLICATION 09/24/2012 | 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 \$9.75 | CREDIT | LEASE FEE | TRANS FEE | CLERK FEE | ISSUANCE FEE 12.00 | TITLE FEE 5.50 | TOTAL TAX COLLECTED .00 | |
| COMPUTATION 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 | CITY STICKER FEE | |
| SERVICE OPT FEE | | ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | *TOTAL FEES COLLECTED 97.25 | | |