



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

OFFICIAL VEHICLE REGISTRATION

City Stickers:

VEHICLE OR CURRENT TITLE NUMBER	TRANSACTION CODE	REGISTRATION ONLY NUMBER
0488407	001	675102

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) <input checked="" type="checkbox"/> 4 MAO <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/>					
OWNER NAME	FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL
BOWMAN TRAILER LEASING LLC					
ADDRESS 1 (MAILING)			ADDRESS 2 (PHYSICAL)		
10233 GOVERNOR LN BLVD					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
MILLIAMSPORT	MD	21795			
ADDRESS OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION	PURCHASE DATE	LEASED <input checked="" type="checkbox"/> SERVICE OPTIONS <input type="checkbox"/>	TELEPHONE #	*PLACARD/HEARING IMPAIRED CLS YR	*INSURANCE POLICY #
HAMILTON 033	06/29/2012	SEE REVERSE SIDE FOR INSTRUCTIONS	301 582 1793		

VEHICLE INFORMATION		MAKE	MODEL	YEAR	BODY	TITLE BRAND - translation	CODE	TYPE OF FUEL - translation	CODE
IJJV532W84L876160		WABA	1JJ	2004	SE	USED	U		9
REGISTERED TITLE #	STATE	PREVIOUS STATES TITLED	VEHICLE USE	VEHICLE TYPE	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (Last one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE		
76955589	TN	TN	F	S			1		
OR CODE (enter appropriate code)* LOWER	MOBILE HOME LGTH	WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE #		
3							675102		

TITLE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
VEHICLE # (1)	CLASS CODE/ISSUE YR (1)(3)	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3)
J383763	8020/1994						PERMANENT
STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)	USDOT / REGISTRANT # (7)	MOTOR CARRIER # (8)		

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

SEE / 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			

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

Required for Duplicate Title - T.C.A. 55-3-115 (submit legible or altered Certificate of Title)					
<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTND DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> 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
		09/24/2012

VEHICLE NUMBER	COUNTY NAME	CO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)			
12268 @	HAMILTON	33	09/24/2012	W.F. (BILL) KNOWLES HJC27			
EMISSION: Trailer							
(total fees collected indicated certifies this form as a valid registration)							
REGISTRATION FEE	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE	TITLE FEE	TOTAL TAX COLLECTED
79.75					12.00	5.50	.00
IMPUTATION OF	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY STICKER FEE
<input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX							
SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED		
					97.25		