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

## OFFICIAL VEHICLE REGISTRATION

RECORD TO RESIDENT RUMBER    POSSIBLE PROPERTY   PROCESSES   PROCE	City Stickers:		,			1=0		1 2	01070471011 011				6774	115
MODER NOTES INVESTIGATED IN THE PROPERTY OF TH				CC		HE	GISTHATION ON	ILY NUMBER						
ADDRESS 1 PAYSOCAL  10233 GOVERNOR LN BLVD  OTY  WILLLAMSPORT  MD  21795  MD  21795  FINE CORRESS TRANSPORT  MD  217955  FINE CORRESS TRANSPORT  MD  217955  FINE CORRESS TRANSPORT  MD  217955	LAST NAME		rinoi ivalvi	_	CODE IN B	OX 1 (SAME	E) 2(DIFFERE	NT) 3(MULTIPLE LAST NAME	LAST NAMES) 4	(COMPANY) 5(OV	ER 28 CHARACTE FIRST NAME	ERS) 4		
WILLIAMSPORT  WORLIAMSPORT  WILLIAMSPORT  WI		ILER LEASIN	IG LLC	<b>-</b>				ADDRESS 2 (P	HYSICAL)					
WILLIAMSPORT  MD 21795  ### PROCHASE DATE ### PROCHASE DATE ### HAMILTON 033  06/29/2012  1-6ASED 00 9-SERVICE OPTIONS		NOR LN BLV	D						·//					
HAMILTON 033  O6/29/2012  VEHICLE INFORMATION  UNITED STATE  OF STATE  PREVIOUS STATES  PRE	WILLIAMSPORT		MD						LIONE #	I DI ACADDA		(A) 20 mm/s		/#
MAKE    MODEL   YEAR   BODY   TITLE BRANCH TRADERSON   CODE   TYPE OF FUEL - Insendation   CODE			OG/20/2012 LEASED								NEARING IMPAIN	ED GES/TH	INSOTIANCE FOLIO	
SUPPRINCE   STATE			MAKE	MOI	DEL.	YEAR	BODY	TITLE BRANE	) - translation		CODE	TYPE OF FUE	EL - translation	CODE
TO COURT CODE FROM SUPPRIARY OF THE ARM RESIDENCE O	1GRAA06228T547166		GDAN 1GF		GR	2008	SE	USED						9
CONTROL CODE (MAN ADDRESS OF PLATE)  ON CONTROL (MOTH CONTROL ON THE POSSIBLE PROJECT OF THE ADDRESS OF PROJECT PRADE IN DESCRIPTION  COMPANY VEHICLE & STATE  ATTEM CONTROL (MOTH CONTROL ON THE POSSIBLE PROJECT PRADE IN DESCRIPTION OF PERMATION OF PERMATION (MOTH CARPIER RIS)  LEAR INFORMATION (Treasured for The A Registration and Registration and Registration (PLATE)  LEAR INFORMATION (Treasured for The A Registration and Registration and Registration (PLATE)  LEAR INFORMATION (If Men present)  LEAR OF SEATS(S)  LEAR OF SEATS(S)  LEAR OF SEATS(S)  ZONE(COUNTY NAME(N)  LEAR OF SEATS(S)  LEAR OF SEATS(S					TLED				INDICATOR O		OVER 10 YRS / 16,000 LBS (1) N EXCESS OF MECHANICAL LIMITS (9)			
PLATE INFORMATION Trequired for Title and Registration only Transportions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.  PLATE (IT) CLASSCODERSSUEVRI(I) CUAUNITY STICKER (II) CITY STICKER (II) CITY STICKER (II) PLATE (ITRADE IN)(2) PLATE (ITR	COLOR CODE (enter appropriate LOWER	ME		# AXLES	GRO				*VEHICLE TRADE-IN DESCRIPTION			COMPANY VEHICLE #		
TOR STICKER 9(4) TEMP OPERATOR PERMIT 9(3) # OF SEATS(9) ZONE(COUNTY NAME)(9) USDOT / REGISTRANT 9(7) MOTOR CARRIER 9(9)  LIEN NEORMATION (If lien present)  LIEN NEORMATION (If lien present)  LIEN DATE  SUNTRUST BANK  CITY  STATE  ZIP CODE  SECOND LIENHOLDER  LIEN DATE  LIEN	PLATE INFORMATION *(require	ASSCODE/ISSUEYR(1)(	3) VALIE								CLASS CODE/IS	SSUE YR(2)		
SUNTRUST BANK  STREET  120 E BALTIMORE ST 25 FL  BALTIMORE  SECOND LIENHOLDER  SECOND LIENHOLDER  SECOND LIENHOLDER  STATE  CITY  STATE  ZIP CODE  LIEN DATE  LIEN DA				ZONE(COUNTY NAME)(		(6)	USDOT / REGISTRANT #(7							
**LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE) LEGAL STATUS NAME CODE MAD ILU  NAME  ADDRESS CITY STATE ZIP CODE  VEHICLE COST / TAX INFORMATION "(required for Title & Registration Transactions)  SALE PRICE TRADE IN ALLOWANCE TAXABLE AMOUNT SALESTAX PAID "TAX EXEMPTION REASON / SALES TAX #  DEALER NAME DEALER ADDRESS DEALER ADDRESS DEALER #  "Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title)  LOST STOLEN MUTILATED RIND DUE TO NON DELIEVERY ALTERED ILLEGIBLE  Under penalties of perjury, I hereby certify all information provided by time or or inty behalt.  SIGNATURE OF CERTIFIER/OWNER POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE  09/19/2012  NVOICE NUMBER CO NUMBER DATE OF APPLICATION BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)	SU STREET 120 E BA	INTRUST BA		<b>-</b> 2					TIMORE				06/29 ZIP CODE 21202	9/2012
NAME  ADDRESS:  CITY  STATE  ZIP CODE  VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)  SALE PRICE  TRADE IN ALLOWANCE  DEALER ADDRESS  DEALER ADDRESS  DEALER #  *Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title)  LOST  STOLEN  MUTILATED  ATTIVD DUE TO NON DELIEVERY  ALTERED  LILEGIBLE  Under 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 or its 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  09/19/2012  INVOICE NUMBER  CO NUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)	STREET							CITY	X1		STAT	Έ	ZIP CODE	
VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)  SALE PRICE  TRADE IN ALLOWANCE  TAXABLE AMOUNT  SALESTAX PAID  TAX EXEMPTION REASON / SALES TAX #  DEALER NAME  DEALER ADDRESS  DEALER #  *Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title)  LOST  STOLEN  MUTILATED  MUTILATED  RTN'D DUE TO NON DELIEVERY  ALTERED  LILEGIBLE  Under penalties of perjury, I hereby certify all information provided by me or on my behalf.  SIGNATURE OF CERTIFIER/OWNER  POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE  09/19/2012  INVOICE NUMBER  CO NUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)		DRMATION(OWNER OF	PLATE)		LEGAL STA	ATUS	NAME	-	мао 🗌	ILU 🗌				
SALE PRICE  TRADE IN ALLOWANCE  TAXABLE AMOUNT  SALESTAX PAID  "TAX EXEMPTION REASON / SALES TAX #  DEALER ADDRESS  DEALER #  "Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title)  LOST  STOLEN  MUTILATED  MUTILATED  RTN'D DUE TO NON DELIEVERY  ALTERED  LILLEGIBLE  Under 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 or its 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  09/19/2012  INVOICE NUMBER  CO NUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)	ADDRESS						CI	IY			STA	TE	ZIP CODE	
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SIGNATURE OF CERTIFIER/OWNER POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE  09/19/2012  INVOICE NUMBER COUNTY NAME  CO NUMBER DATE OF APPLICATION BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)	LOST	STOLEN		М	JTILATED								ILLEGIBLE	
	SIGNATURE OF CERTIFIER/O	RANWC	n provided is ation provide	d by me or on	POW	ER OF ATT	ORNEY/AUTI	HORIZED SIGNA	TURE(IF APPLIC	ABLE)				2
	12263 @	HAMILTO	N		CON	33		/19/2012	19/2012 W.F. (BILL)			3		HJC27
OFFICE USE ONLY REGISTRATION FEE CREDIT REASE FEE TRANS FEE CLERK FEE USSUANCE FEE TITLE FEE TOTAL TAX COLLECTED TOTAL TAX COLLECTED TOTAL	79.75	CREDIT	l		[100::5	TRA			(total	fees collected Inc.	dicated certifies the FEE 5.50	TOTAL	t tax collected	
COMPUTATION OF SALES OR USE TAX SA TAX LOCAL TAX ADDITIONAL TAX COLLECTED IN STATE OF COUNTY WHEEL TAX CITY STICKER FEE  SERVICE OPT FEE ORGAN DONOR POSTAGE VER ID / RESIDENCY VERIFICATION  TOTAL FEES COLLECTED  97.25  PORT: WK 49/DB 27/8020 Cash: 0.00 Check: 0.00 Check: Credit: 0.00 Auth#: Change: 0.00 RDA-692	SALES TAX USE TA	ORGAN DONOR	- F	POSTAGE		VER		ID / RESID	ENCY VERIFICAT	TION		•тот/ <b>97</b>	AL FEES COLLECTED	