OFFICIAL VEHICLE REGISTRATION

City Stickers:	IMPED				l TD	ANGACTION	DECIS	TRATION ONLY	HIMBED			6774	20
90486907					1,00	OD1	REGIS	TRATION ONLY I	OMBER				
OWNER INFORMATION *LEG	GAL STATUS: 1 (AND) 2	(0R) E	NTER NAME	CODE IN B	OX 1 (SAME	E) 2(DIFFEREN	IT) 3(MULTIPLE LAS	ST NAMES) 4(CO	MPANY) 5(OVER	R 28 CHARACTI	ERS) 4	MAO N ILU	
BOWMAN TRA	AILER LEASI	FIRST NAIV	10	MID	DLE INITIAL		LAST NAME			FIRST NAME		MIDDLE INITIA	
ADDRESS 1 (MAILING) 10233 GOVER	NOR LN BL\	/D					ADDRESS 2 (PHYS	ICAL)					
CITY WILLIAMSPORT					ZIP CODE 21795		CITY			ST	STATE ZIP CODE		
		PURCHASE DATE		'LEASED			TELEPHONE # *PLACARD/HEARING II			ARING IMPAIR	IMPAIRED CLS/YR *INSURANCE POLICY #		
HAMILTON 03	33	06/29	/2012		RSE SIDE FOR I		301	582 1793					
VEHICLE INFORMATION VIN		MAKE MODEL		DEL	YEAR	BODY	TITLE BRAND - translation CO			CODE			
1GRAA06268T		GDAN 1GR		2008	SE	USED	el ouenes		U		OT 10TUU (0)	9	
76936226	TN	PREVIOUS STATES TITLED TN		TLED	VEHICLE US	VEHICLE TYP	INDICATOR		OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9)		CODE		
COLOR CODE (enter appropriate UPPER LOWE	OME WDTH				SS VEHICLE V		*VEHICLE TRADE-IN DESCRI		RIPTION CC		COMPANY VEHICLE #		
PLATE INFORMATION *(requ													
PLATE #(1) CL	ASSCODE/ISSUEYR(1) 8020/199	A SAME OF THE PARTY OF THE PART	DATION #(1)	cou	NTY STICK	ER #(1) CIT	Y STICKER #(1)(2)	*PLATE #(TRAD	DE IN)(2)	CLASS CODE/IS	SSUE YR(2)	PERMA	
TDR STICKER #(4) TEMP OPERATOR PERM			11T #(3) # OF SEATS(5)			UNTY NAME)(6	5)	USDOT / REGISTRANT #(7)		MOTOF		OR CARRIER #(8)	
		ANK								CTAL		LIEN DA' 06/29 ZIP CODE	/2012
120 E BALTIMORE ST 25 FL							BALTIMORE			SIAI	MD 21202		
LIEN CODE SECOND I	LIENHOLDER											LIEN DA	TE
STREET						(CITY			STAT	Έ	ZIP CODE	
*LESSEE / REGISTRANT INF	ORMATION(OWNER O	F PLATE)		LEGAL ST	ATUS	NAME C	ODE	MAO II					
NAME							NAME						
ADDRESS						CIT	Y			STA	TE	ZIP CODE	
VEHICLE COST / TAX INFOR	RMATION *(required for TRADE IN AL		ration Transac	tions)	TAXA	BLE AMOUNT			E Latino		T-TAY EVEM	PTION REASON / SALES	TAX#
DEALER NAME							SALESTAX P	AID		I IMA LALIVI			
DEALER NAME				DEALER	ADDRESS			SALESTAX P	AID			DEALER #	
DEALER NAME				DEALER	ADDRESS			SALESTAX P	AID				
*Required for Duplicate Title -				ate of Title)	ADDRESS				7			DEALER#	
*Required for Duplicate Title -	STOLEN		М	ate of Title)]		"D DUE TO NON DE	ELIEVERY	ALTER				
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