



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

OFFICIAL VEHICLE REGISTRATION

City Stickers:

| | | |
|-----------------------------|-------------------|--------------------------|
| NEW OR CURRENT TITLE NUMBER | TRANSACTION CODE* | REGISTRATION ONLY NUMBER |
| 90486895 | 001 | 680967 |

| | | | | | |
|---|---------------|---|---|----------------------------------|---------------------|
| 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"/> N | ILU <input checked="" type="checkbox"/> N | | |
| LAST 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 |
| WILLIAMSPORT | MD | 21795 | | | |
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION | PURCHASE DATE | *LEASED <input checked="" type="checkbox"/> 0 *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 | | VIN | | MAKE | MODEL | YEAR | BODY | TITLE BRAND - translation | CODE | TYPE OF FUEL - translation | CODE |
| 1GRAP06209T552205 | | GDAN | 1GR | 2009 | SE | USED | | | U | | 9 |
| SURRENDERED 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) | IN EXCESS OF MECHANICAL LIMITS (9) | | CODE |
| 76960013 | | TN | TN | F | S | | | | | | 1 |
| COLOR CODE (enter appropriate code)* | MOBILE HOME LGTH | WDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | | COMPANY VEHICLE # | | | | |
| O | | | | | | | 680967 | | | | |

| | | | | | | | |
|--|---------------------------|-----------------|----------------------|-------------------------|-----------------------|------------------------|---------------------------|
| PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS | | | | | | | |
| PLATE #(1) | CLASSCODE/ISSUEYR(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) |
| U383235 | 8020/1994 | | | | | | PERMANENT |
| TDR STICKER #(4) | TEMP OPERATOR PERMIT #(3) | # OF SEATS(5) | ZONE(COUNTY NAME)(6) | USDOT / REGISTRANT #(7) | MOTOR CARRIER #(8) | | |
| | | | | | | | |

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

| | | | | | |
|--|--|---------------------------------------|------------------------------------|------------------------------|------------------------------|
| *LESSEE / 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) | | | | |
| 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) | | | | | |
| <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 |

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 | COUNTY NAME | CO NUMBER | DATE OF APPLICATION | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) | | | |
| 12263 @ | HAMILTON | 33 | 09/19/2012 | W.F. (BILL) KNOWLES HJC27 | | | |
| OFFICE USE ONLY | | (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 |
| COMPUTATION 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 | | |