



OFFICIAL VEHICLE REGISTRATION

City Stickers:

NEW OR CURRENT TITLE NUMBER 84180943	TRANSACTION CODE 001	REGISTRATION ONLY NUMBER 682770
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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 26 CHARACTERS) 5			MAO <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/>		
LAST NAME BOWMAN SALES AND EQUIPMENT INC			FIRST NAME 		
ADDRESS 1 (MAILING) PO BOX 433 % 10233 GOVENOR LN BLVD			ADDRESS 2 (PHYSICAL) 		
CITY WILLIAMSPORT		STATE MD	ZIP CODE 21795		
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 06/30/2011	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 301 582 1793	*PLACARD/HEARING IMPAIRED CLS/YR 	*INSURANCE POLICY #

VIN 1RNF48A244R010255		MAKE REIT	MODEL 1RN	YEAR 2004	BODY SE	TITLE BRAND - list the appropriate code (N)NEW (1)RECONSTRUCTED VEHICLE (U)USED (2)FLOOD DAMAGE (D)DEMO (3)SPECIALLY CONSTRUCTED (6)PARTS ONLY	CODE U	TYPE OF FUEL - list the appropriate code GAS (1) ELECTRIC/HYBRID (3) DIESEL (2) PROPANE (4)	CODE 9
SURRENDERED TITLE # 79840893		STATE TN	PREVIOUS STATES TITLED MO	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	
COLOR CODE (enter appropriate code)* UPPER O LOWER 	MOBILE HOME LGTH WIDTH 	# AXLES 	GROSS VEHICLE WEIGHT 		*VEHICLE TRADE-IN DESCRIPTION 			COMPANY VEHICLE # 682770	

PLATE INFORMATION *required for Title and Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) U331035	CLASS CODE/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
TDR STICKER # (4) 	TEMP OPERATOR PERMIT # (3) 	# OF SEATS (5) 	ZONE (COUNTY NAME) (6) 		USDOT / REGISTRANT # (7) 	MOTOR CARRIER # (8) 	

LIEN INFORMATION (If Not Present)				LIEN DATE 06/30/2011
LIEN CODE 	FIRST LIENHOLDER SUNTRUST BANK			
STREET 120 E BALTIMORE 25TH FL		CITY BALTIMORE	STATE MD	ZIP CODE 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

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 - R.C.A. 55-9-119 (submit Incomplete 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.		DATE 11/02/2011
SIGNATURE OF CERTIFIER/OWNER 		POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)

INVOICE NUMBER 11306 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 11/02/2011	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES		HJC27
OFFICE USE ONLY EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration)						
REGISTRATION FEE 79.75	CREDIT 	LEASE FEE 	TRANS FEE 	CLERK FEE 12.00	TITLE FEE 5.50	TOTAL TAX COLLECTED .00
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	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	