



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

OFFICIAL VEHICLE REGISTRATION

770895

City Stickers:

|                             |                                |                          |
|-----------------------------|--------------------------------|--------------------------|
| NEW OR CURRENT TITLE NUMBER | TRANSACTION CODE<br><b>N01</b> | REGISTRATION ONLY NUMBER |
| <b>84186443</b>             |                                |                          |

|                                                                                                                                                                                             |                                    |                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------|
| VENDOR 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) <b>5</b> |                                    | MAO <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/> |
| ST NAME<br><b>BOWMAN SALES AND EQUIPMENT INC</b>                                                                                                                                            | FIRST NAME<br><b>BOWMAN</b>        | MIDDLE INITIAL<br><b>S</b>                                                      |
| ADDRESS 1 (MAILING)<br><b>PO BOX 433 % 10233 GOVENOR LN BLVD</b>                                                                                                                            |                                    | ADDRESS 2 (PHYSICAL)                                                            |
| CITY<br><b>WILLIAMSPORT</b>                                                                                                                                                                 | STATE<br><b>MD</b>                 | ZIP CODE<br><b>21795</b>                                                        |
| TYPE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION<br><b>HAMILTON 033</b>                                                                                                                   | PURCHASE DATE<br><b>06/30/2011</b> | TELEPHONE #<br><b>301 582 1793</b>                                              |
| *LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/>                                                                                                                  |                                    | *PLACARD/HEARING IMPAIRED CLS/YR                                                |
| SEE REVERSE SIDE FOR INSTRUCTIONS                                                                                                                                                           |                                    | *INSURANCE POLICY #                                                             |

|                                                            |                           |                        |                         |                              |                   |                                                                                                                                                                   |                  |                                                                                                   |                  |
|------------------------------------------------------------|---------------------------|------------------------|-------------------------|------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------|------------------|
| VEHICLE INFORMATION                                        |                           | MAKE<br><b>GDAN</b>    | MODEL<br><b>1GR</b>     | YEAR<br><b>2004</b>          | BODY<br><b>SE</b> | TITLE BRAND - list the appropriate code<br>(N) NEW (1) RECONSTRUCTED VEHICLE<br>(U) USED (2) FLOOD DAMAGE<br>(D) DEMO (3) SPECIALLY CONSTRUCTED<br>(8) PARTS ONLY | CODE<br><b>U</b> | TYPE OF FUEL - list the appropriate code<br>GAS (1) ELECTRIC/HYBRID (3)<br>DIESEL (2) PROPANE (4) | CODE<br><b>9</b> |
| TRANSFERRED TITLE #<br><b>04013940039</b>                  | STATE<br><b>WI</b>        | PREVIOUS STATES TITLED | VEHICLE USE<br><b>F</b> | VEHICLE TYPE<br><b>S</b>     | CURRENT MILEAGE   | ODOMETER ACTUAL (8) NOT ACTUAL (8)<br>INDICATOR OVER 10 YRS / 15,000 LBS (1)<br>(List one) IN EXCESS OF MECHANICAL LIMITS (9)                                     | CODE<br><b>1</b> |                                                                                                   |                  |
| FOR CODE (enter appropriate code)<br>PER LOWER<br><b>O</b> | MOBILE HOME<br>LGTH WIDTH | # AXLES                | GROSS VEHICLE WEIGHT    | VEHICLE TRADE-IN DESCRIPTION |                   | COMPANY VEHICLE #<br><b>770895</b>                                                                                                                                |                  |                                                                                                   |                  |

|                                                                                                                                       |                                                |                  |                        |                          |                         |                         |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------|------------------------|--------------------------|-------------------------|-------------------------|-----------------------------------------------|
| NOTE INFORMATION: (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS |                                                |                  |                        |                          |                         |                         |                                               |
| ATE # (1)<br><b>U332521</b>                                                                                                           | CLASS CODE/ISSUE YR (1)(3)<br><b>8020/1994</b> | VALIDATION # (1) | COUNTY STICKER # (1)   | CITY STICKER # (1)(2)    | *PLATE # (TRADE IN) (2) | CLASS CODE/ISSUE YR (2) | EXPIRATION DATE (1)(2)(3)<br><b>PERMANENT</b> |
| IR STICKER # (4)                                                                                                                      | TEMP OPERATOR PERMIT # (3)                     | # OF SEATS (5)   | ZONE (COUNTY NAME) (6) | USDOT / REGISTRANT # (7) | MOTOR CARRIER # (8)     |                         |                                               |

|                                   |                                        |                           |                                          |                                |
|-----------------------------------|----------------------------------------|---------------------------|------------------------------------------|--------------------------------|
| FIN INFORMATION (if lien present) |                                        | FIN CODE                  | FIRST LIENHOLDER<br><b>SUNTRUST BANK</b> | LIEN DATE<br><b>06/30/2011</b> |
| REET                              | CITY<br><b>120 E BALTIMORE 25TH FL</b> | STATE<br><b>BALTIMORE</b> | ZIP CODE<br><b>MD 21202</b>              |                                |
| FIN CODE                          | SECOND LIENHOLDER                      | LIEN DATE                 |                                          |                                |
| REET                              | CITY                                   | STATE                     | ZIP CODE                                 |                                |

|                                                 |  |                                       |                                    |                              |                              |
|-------------------------------------------------|--|---------------------------------------|------------------------------------|------------------------------|------------------------------|
| ESSEE / 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 | SALESTAX 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                                                              |                                 |                                    |                                                   |                                  |

|                                                                                                                                                                                                                                                                                     |  |                              |  |                                                        |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|--|--------------------------------------------------------|---------------------------|
| 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 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<br><b>11/18/2011</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|--|--------------------------------------------------------|---------------------------|

|                                                                                       |                                |                        |                                          |                                                                                          |                              |                                       |
|---------------------------------------------------------------------------------------|--------------------------------|------------------------|------------------------------------------|------------------------------------------------------------------------------------------|------------------------------|---------------------------------------|
| VOICE NUMBER<br><b>11322 @</b>                                                        | COUNTY NAME<br><b>HAMILTON</b> | CO NUMBER<br><b>33</b> | DATE OF APPLICATION<br><b>11/18/2011</b> | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)<br><b>W.F. (BILL) KNOWLES</b> |                              | <b>HJC27</b>                          |
| OFFICE USE ONLY                                                                       |                                |                        |                                          |                                                                                          |                              |                                       |
| REGISTRATION FEE<br><b>79.75</b>                                                      | CREDIT                         | LEASE FEE              | TRANS FEE                                | CLERK FEE                                                                                | ISSUANCE FEE<br><b>12.00</b> | TITLE FEE<br><b>5.50</b>              |
| COMPUTATION OF<br><input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX |                                | SALES OR USE TAX       | SA TAX                                   | LOCAL TAX                                                                                | ADDITIONAL TAX               | COLLECTED IN STATE OF                 |
| SERVICE OPT FEE                                                                       |                                | ORGAN DONOR            | POSTAGE                                  | VER                                                                                      | ID / RESIDENCY VERIFICATION  | *TOTAL FEES COLLECTED<br><b>97.25</b> |