



# OFFICIAL VEHICLE REGISTRATION

## City Stickers:

771041

NEW OR CURRENT TITLE NUMBER <b>84189700</b>		TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER	
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) <b>5</b> MAO <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/>				
LAST NAME <b>BOWMAN SALES AND EQUIPMENT INC</b>		FIRST NAME <b>WILLIAMSPORT</b>		
ADDRESS 1 (MAILING) <b>PO BOX 433 % 10233 GOVENOR LN BLVD</b>		ADDRESS 2 (PHYSICAL)		
CITY <b>WILLIAMSPORT</b>		STATE <b>MD</b>		
ZIP CODE <b>21795</b>		CITY <b>WILLIAMSPORT</b>		
PURCHASE DATE <b>06/30/2011</b>		TELEPHONE # <b>301 582 1793</b>		*PLACARD/HEARING IMPAIRED CLS/YR
*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/>		*INSURANCE POLICY #		

VIN <b>1JJV532W34L838755</b>		MAKE <b>WABA</b>	MODEL <b>1JJ</b>	YEAR <b>2004</b>	BODY <b>SE</b>	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 <b>U</b>	TYPE OF FUEL - list the appropriate code GAS (1) DIESEL (2) ELECTRIC/HYBRID (3) PROPANE (4)	CODE <b>9</b>
SURRENDERED TITLE # <b>723003329123</b>		STATE <b>OK</b>	PREVIOUS STATES TITLED		VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	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 <b>1</b>
COLOR CODE (enter appropriate code)* UPPER <b>O</b> LOWER		MOBILE HOME LGTH	WDTH	# AXLES	GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # <b>771041</b>

PLATE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) <b>U332866</b>	CLASS CODE/ISSUE YR (1)(3) <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) <b>PERMANENT</b>
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 <b>SUNTRUST BANK</b>		LIEN DATE <b>06/30/2011</b>	
STREET <b>120 E BALTIMORE 25TH FL</b>		CITY <b>BALTIMORE</b>		STATE <b>MD</b>		ZIP CODE <b>21202</b>	
LIEN CODE		SECOND LIENHOLDER		CITY		STATE	
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		SALE TAX PAID		*TAX EXEMPTION REASON / SALES TAX #	
DEALER NAME		DEALER ADDRESS		DEALER #							

<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
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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 <b>11/29/2011</b>
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INVOICE NUMBER <b>11333 @</b>		COUNTY NAME <b>HAMILTON</b>		CO NUMBER <b>33</b>		DATE OF APPLICATION <b>11/29/2011</b>		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>		<b>HJC27</b>	
OFFICE USE ONLY REGISTRATION FEE <b>79.75</b>		CREDIT		LEASE FEE		TRANS FEE		CLERK FEE		(total fees collected indicated certifies this form as a valid registration)	
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	
*SERVICE OPT FEE		ORGAN DONOR		POSTAGE		VER		ID / RESIDENCY VERIFICATION		*TOTAL FEES COLLECTED <b>97.25</b>	