



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

OFFICIAL VEHICLE REGISTRATION

City Stickers:

772571

| | | |
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| NEW OR CURRENT TITLE NUMBER 91448415 | TRANSACTION CODE 001 | REGISTRATION ONLY NUMBER |
|--|--------------------------------|--------------------------|

OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ☐ ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) **4** MAO ☒ ILU ☒

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|--|------------|----------------|-----------|------------|----------------|
| LAST NAME BOWMAN TRAILER LEASING LLC | FIRST NAME | MIDDLE INITIAL | LAST NAME | FIRST NAME | MIDDLE INITIAL |
|--|------------|----------------|-----------|------------|----------------|

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| ADDRESS 1 (MAILING) PO BOX 433 % 10233 GOVERNOR LN BLVD | ADDRESS 2 (PHYSICAL) |
|---|----------------------|

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|-----------------------------|--------------------|--------------------------|------|-------|----------|
| CITY WILLIAMSPORT | STATE MD | ZIP CODE 21795 | CITY | STATE | ZIP CODE |
|-----------------------------|--------------------|--------------------------|------|-------|----------|

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|---|------------------------------------|--|------------------------------------|----------------------------------|---------------------|
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033 | PURCHASE DATE 12/14/2012 | *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 # |
|---|------------------------------------|--|------------------------------------|----------------------------------|---------------------|

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|---|------------------------------------|--|------------------------------------|----------------------------------|---------------------|
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033 | PURCHASE DATE 12/14/2012 | *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 # |
|---|------------------------------------|--|------------------------------------|----------------------------------|---------------------|

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|---------------------|---------------------------------|---------------------|---------------------|---------------------|-------------------|--|------------------|----------------------------|------------------|
| VEHICLE INFORMATION | VIN 1JJV532W8XL428358 | MAKE WABA | MODEL 1JJ | YEAR 1999 | BODY SE | TITLE BRAND - translation USED | CODE U | TYPE OF FUEL - translation | CODE 9 |
|---------------------|---------------------------------|---------------------|---------------------|---------------------|-------------------|--|------------------|----------------------------|------------------|

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| SURRENDERED TITLE # 11643736 | STATE ME | PREVIOUS STATES TITLED OK | 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 |
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| | | | | | | |
|---|---------------------|-------|---------|----------------------|-------------------------------|------------------------------------|
| COLOR CODE (enter appropriate code)* UPPER O | MOBILE HOME LGTH | WIDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | COMPANY VEHICLE # 772571 |
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PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

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|-------------------------------|---|------------------|----------------------|-----------------------|-------------------------|-------------------------|---|
| PLATE # (1) U416271 | CLASSCODE/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 |
|-------------------------------|---|------------------|----------------------|-----------------------|-------------------------|-------------------------|---|

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|-------------------|----------------------------|----------------|------------------------|--------------------------|---------------------|
| TDR STICKER # (4) | TEMP OPERATOR PERMIT # (3) | # OF SEATS (5) | ZONE (COUNTY NAME) (6) | USDOT / REGISTRANT # (7) | MOTOR CARRIER # (8) |
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LIEN INFORMATION (If lien present)

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| LIEN CODE | FIRST LIENHOLDER SUNTRUST BANK | LIEN DATE 12/14/2012 |
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|---|--------------------------|--------------------|--------------------------|
| STREET 120 E BALTIMORE ST 25 FL | CITY BALTIMORE | STATE MD | ZIP CODE 21202 |
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|-----------|-------------------|-----------|
| LIEN CODE | SECOND LIENHOLDER | LIEN DATE |
|-----------|-------------------|-----------|

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|--------|------|-------|----------|
| STREET | CITY | STATE | ZIP CODE |
|--------|------|-------|----------|

*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE) LEGAL STATUS ☐ NAME CODE ☐ MAO ☐ ILU ☐

| | |
|------|------|
| NAME | NAME |
|------|------|

| | | | |
|---------|------|-------|----------|
| ADDRESS | CITY | STATE | ZIP CODE |
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VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)

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| SALE PRICE | TRADE IN ALLOWANCE | TAXABLE AMOUNT | SALE TAX PAID | *TAX EXEMPTION REASON / SALES TAX # |
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| DEALER NAME | DEALER ADDRESS | DEALER # |
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*Required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title)

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|-------------------------------|---------------------------------|------------------------------------|--|----------------------------------|------------------------------------|
| <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 01/25/2013 |
|------------------------------|--|---------------------------|

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|----------------------------------|--------------------------------|------------------------|--|--|--------------|
| INVOICE NUMBER 13025 @ | COUNTY NAME HAMILTON | CO NUMBER 33 | DATE OF APPLICATION 01/25/2013 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES | HJC27 |
|----------------------------------|--------------------------------|------------------------|--|--|--------------|

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| OFFICE USE ONLY REGISTRATION FEE 79.75 | EMISSION: Trailer | LEASE FEE | TRANS FEE | CLERK FEE | ISSUANCE FEE 12.00 | TITLE FEE 5.50 | TOTAL TAX COLLECTED .00 |
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| 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 | COUNTY WHEEL TAX | CITY STICKER FEE |
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| *SERVICE OPT FEE | ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | *TOTAL FEES COLLECTED 97.25 |
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