

OFFICIAL VEHICLE REGISTRATION

	9092
NEW OR CURRENT TITLE NUMBER TRANSACTION CODE: REGISTRATION ONLY NUMBER NO1	
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) MAD LAST NAME FIRST NAME MIDDLE INITIAL LAST NAME FIRST NAME MIDDLE INITIAL LAST NAME	I III N
The state of the s	LE INITIAL
BOWMAN SALES AND EQUIPMENT INC ADDRESS 1 (MAILING) ADDRESS 2 (PHYSICAL)	
PO BOX 433 % 10233 GOVENOR LN BLVD	
CITY STATE ZIP CODE CITY STATE ZIP C	DDE
WILLIAMSPORT MD 21795 THE SUBHOLE PRINCEPLICATION PURCHASE DATE TELEPHONE P "PLACARD/HEARING IMPAIRED CLS/YR "INSURAN"	E POLICY #
HAMILTON 033 06/30/2011 LEASED 0 SERVICE OPTIONS 301 582 1793	
VEHICLE INFORMATION	Labor 1
VIN MAKE MODEL YEAR BODY TITLE BRAND -list the appropriate code (N)NEW (1)RECONSTRUCTED VEHICLE (VI)USED (2)PLOOD DAMAGE (AS (1) ELECTRICHYBRII (D)DEMO (3)SPECIALLY CONSTRUCTED U CESEL (2) PROPANE (4)	₍₃₎
STATE PREVIOUS STATES TITLED VEHICLE LISE VEHICLE TYPE CURRENT MILEAGE ODOMETER ACTUAL (I) NOT ACTUAL (II)	9 CODE
04167940328 WI F S	ITS (9)
COLOR CODE (enter appropriate code)* MOBILE HOME LOTH WOTH SAXLES GROSS VEHICLE WEIGHT "VEHICLE TRADE-IN DESCRIPTION COMPANY VI	HICLE #
0	779092
PLATE INFORMATION "(required for Title and Flegistration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS	ON DATE (1)(2)(3)
U332780 S020/1994 F	ERMANENT
TDR STICKER #(4) TEMP OPERATOR PERMIT #(3) # OF SEATS(5) ZONE(COUNTY NAME)(6) USDOT / REGISTRANT #(7) MOTOR CARRIEF	(8)
VICTO INCODE ATTOM FILLS CO. LA	
UEN INFORMATION (It lien present)	LIEN DATE
SUNTRUST BANK CITY STATE ZIPC	06/30/2011
STREET 120 E BALTIMORE 25TH FL BALTIMORE MD 212	2
LIEN CODE SECOND LIENHOLDER	LIEN DATE
STREET CITY STATE ZIP (ODE
LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE) LEGAL STATUS NAME CODE NAME	
NAME	ZIP CODE
ADDRESS CITY STATE	LIF CODE
WHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions) FALE PRICE TRADE IN ALL OWANCE TRADE IN ALL OWANCE TAXABLE AMOUNT SALESTAX PAID TAX EXEMPTION REAS	N/SALES TAX#
SALE PRICE TRADE IN ALLOWANCE TAXABLE AMOUNT	
DEALER ADDRESS DEALER ●	
Required for Duplicate Title - T.C.A. 55-9-115 (submit illegible or altered Certificate of Title)	
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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	
	9/2011
11/2 INVOICE NUMBER COUNTY NAME CO NUMBER DATE OF APPLICATION BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY COUNTY	HJC27
11/2 NVOICE NUMBER COUNTY NAME CO NUMBER DATE OF APPLICATION BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY COUNTY C	HJC27
NVOICE NUMBER COUNTY NAME CO NUMBER DATE OF APPLICATION BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY COUNTY COUNTY OF REGISTRAR OF MOTOR VEHICLES (COUNTY O	HJC27
NVOICE NUMBER COUNTY NAME CO NUMBER DATE OF APPLICATION BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY COUNTY	HJC27