

## OFFICIAL VEHICLE REGISTRATION

City Stic															780	564	
90485645								TRANSACTION CODE NO1		REGISTR	ATION ONLY	NUMBER					
OWNER INFORM LAST NAME				FIRST NAI	ME	NAME CODI	E IN BOX 1 (SA MIDDLE INITI	Company of the Control of the Control	ENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTERS) 4 MAO N ILU N LAST NAME MIDDLE INITIAL								
BOWMAN TRAILER LEASING LLC  ADDRESS 1 (MAILING)										ADDRESS 2 (PHYSICAL)							
10233 0	OVER	NOR I	LN BLV	'D			ZIP COD										
WILLIA	CATION D	MD 217				DE	TELEPHONE # *PLACARD/HEARING II			10	STATE ZIP CODE  MPAIRED CLS/YR   "INSURANCE POLICY #						
HAMILT				06/29		9	ASED 0 ·SE	ERVICE OPTION OR INSTRUCTIONS			82 179						
VEHICLE INFOR	RMATION		T	MAKE		MODEL	YEAR	BODY	TITLE BRA	ND - trans	slation		CODE	TYPE OF FU	JEL - translation	CODE	
1JJV532W25L931963				WABA		1JJ	2005	SE	USED			U		9			
SURRENDERED TITLE # STATE PREVIOUS STATE						ES TITLED	VEHICLE U	SE VEHIC	E TYPE	CURRE	NT MILEAGE	INDICATOR	OVER 10 YRS	NOT ACTUAL (8) / 16,000 LBS (1)	CODE		
04245120422				WI				F	S				(List one) IN EXCESS OF MECHANICAL LIMITS (			1	
COLOR CODE (enter appropriate code)* MOBILE HOME LGTH WDTH # AXLES							ES GI	GROSS VEHICLE WEIGHT *VEHIC				TRADE-IN DE	ESCRIPTION		COMPANY VEHICLE		
0					ticke y				11 P 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						·	780564	
PLATE INFORM PLATE #(1)			e and Registra //SSUEYR(1)		egistration IDATION		COUNTY STIC		TY STICKER #		PLATE #(TR/	ADE IN)(2)	CLASS CODE/	SSUE YR(2)	EXPIRATION DA	TE (1)(2)(3)	
U38278	19	80	20/199	4											PERM	IANENT	
TDR STICKER #(4) TEMP OPERATOR P			ERATOR PER	ERMIT #(3) # OF SEATS(5) ZON			S) ZONE(C	COUNTY NAME)	(6) USDOT / REGISTRANT #(7)				МС	OTOR CARRIER #(8)			
LIEN INFORMAT	TION (If lien or	esent)							N. SALES				December 1			0257.54	
LIEN CODE	FIRST LIEN	HOLDER	JST BA	NK				•								DATE 29/2012	
STREET	00 E D 4		ODE C	TOFF					CITY	718//	ODE		STA	MD	ZIP CODE 21202		
120 E BALTIMORE ST 25 FL LIEN CODE SECOND LIENHOLDER									BALTIMORE N				MD	LIEN DATE			
STREET									CITY				STA	TE	ZIP CODE		
*LESSEE / REG	ISTRANT INFO	ORMATION	N(OWNER O	F PLATE)		LEGA	AL STATUS	NAME	T	MA	AO 🗌	ILU 🗌				er é	
NAME									NAME								
ADDRESS								CI	TY				STA	ATE	ZIP CO	DE	
VEHICLE COST	/ TAX INFOR		required for T		tration T	ransactions)		KABLE AMOUNT			SALESTAX	PAID	K	*TAX EXE	MPTION REASON / SAI	ES TAX #	
DEALER NAME						DE	ALER ADDRES	SS							DEALER #		
*Required for Du	uplicate Title -	T.C.A. 55-3	3-115 (submit	Illegible or	altered C	Certificate of	Title)										
LOST			ŞTOLEN			MUTILA			N'D DUE TO N			-	TERED		ILLEGIBLE		
Under penalties of its assignees to SIGNATURE OF			all information of the inform	n provided ation provided	is true ai ded by m	e or on my t		knowledge, and					tor Vehicle Division	DATE			
									PPLICATION BY AUTHORITY OF REGISTRAR OF MOTOR				TOD WELLIOL F	09/14/2012			
12258	_	T	AMILTO	ON			CO NUMBER		714/201	2	T		KNOWLE:	_	ESICOUNIT CLERK)	HJC27	
OFFICE USE ON REGISTRATION	NLY		IISSION: T		LEASE	FEE		RANS FEE	CLERK	EE		es collected In		his form as a	valid registration) AL TAX COLLECTED		
79.75											12.0	00	5.50	.0	00		
COMPUTATION	N OF		OR USE TA	X S	A TAX	LO	CAL TAX	ADDITIONAL T	AX	COLLEC	CTED IN STA	ATE OF CO	UNTY WHEEL TA)	CIT	Y STICKER FEE		
*SERVICE OPT			N DONOR		POSTA	GE	VER		ID / RES	IDENCY V	VERIFICATIO	N			TAL FEES COLLECTED	,	
		(40/00	27/8020	0-	sh: (	0.00	Check:	0.00	Check#:	-	Credit:	0.00	Auth#:		0.00	A-692	