



780823

Y OR CURRENT TITLE NUMBER

4
 MAO N ILU N
 ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTERS)
 T NAME FIRST NAME MIDDLE INITIAL LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS 1 (MAILING)	ADDRESS 2 (PHYSICAL)
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OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION	PURCHASE DATE	*LEASED ☒ *SERVICE OPTIONS ☐ SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE #	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
1AMILTON 033	06/29/2012		301 582 1793		

TITLE INFORMATION

REGISTERED TITLE #	STATE	PREVIOUS STATES TITLED	VEHICLE USE	VEHICLE TYPE	CURRENT MILEAGE	ODOMETER ACTUAL (a) NOT ACTUAL (b) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE
M2450F0567	WI		F	S			1

OR CODE (enter appropriate code)* ER LOWER	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 780823
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SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

TE # (1)	CLASSCODE/ISSUEYR(1)(3)	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE N)(2)	CLASS CODE/ISSUE YR(2)	EXPIRATION DATE (1)(2)(3)
J382230	8020/1994						PERMANENT

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

4 CODE	FIRST LIENHOLDER	LIEN DATE
	SUNTRUST BANK	06/29/2012

120 E BALTIMORE ST 25 FL	BALTIMORE	MD	21202
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IN CODE	SECOND LIENHOLDER	LIEN DATE
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STREET	CITY	STATE	ZIP CODE
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SSEE / REGISTRANT INFORMATION (OWNER OF PLATE)	LEGAL STATUS	NAME CODE	MAO	ILU
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SOLEY HEADSTAMP INFORMATION (OWNER OF PLATE)	LEGAL STATUS	NAME CODE	NAME	WAG	LEV
MF					

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

NET PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX 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 legible or altered Certificate of Title)

☐ LOST	☐ STOLEN	☐ MUTILATED	☐ RT'ND DUE TO NON DELIEVERY	☐ ALTERED	☐ ILLEGIBLE
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er 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 assignees to determine the accuracy of the information provided by me or on my behalf.

I assume no responsibility for the accuracy or the information provided by me or on my behalf.		
NATURE OF CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)	DATE 09/10/2012

OFFICE NUMBER	COUNTY NAME	CO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)
12254 @	HAMILTON	33	09/10/2012	W.F. (BILL) KNOWLES HJC27

ICE USE ONLY		EMISSION: Trailer			(total fees collected indicated certifies this form as a valid registration)		
REGISTRATION FEE	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE	TITLE FEE	TOTAL TAX COLLECTED
79.75					12.00	5.50	.00

COMPUTATION OF		SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY STICKER FEE
☒ SALES TAX ☐ USE TAX								

DRIVE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	TOTAL FEES COLLECTED
					97.25