



OFFICIAL VEHICLE REGISTRATION

ty Stickers:

/ OR CURRENT TITLE NUMBER

0483691

TRANSACTION
CODE
N01

REGISTRATION ONLY NUMBER

780912

ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTERS) 4		MAO N ILU N
FIRST NAME HOWMAN TRAILER LEASING LLC		MIDDLE INITIAL
ADDRESS 1 (MAILING) 0233 GOVERNOR LN BLVD		ADDRESS 2 (PHYSICAL)
STATE MD	ZIP CODE 21795	CITY VILLIAMSPORT
DATE OF PURCHASE 06/29/2012	TELEPHONE # 301 582 1793	*PLACARD HEARING IMPAIRED CLS/YR
PURCHASE DATE 06/29/2012		*INSURANCE POLICY #
*LEASED ☐ *SERVICE OPTIONS ☐		
SEE REVERSE SIDE FOR INSTRUCTIONS		

MAKE WABA	MODEL 1JJ	YEAR 2005	BODY SE	TITLE BRAND - translation USED	CODE U	TYPE OF FUEL - translation	CODE 9
JUV532W85L932311							
RENDERED TITLE # 42460F0324		STATE WI	PREVIOUS STATES TITLED	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)
OR CODE (enter appropriate code)* LOWER		MOBILE HOME LGTH	WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 780912

SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
TE # (1) J382238	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
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 SUNTRUST BANK	LIEN DATE 06/29/2012
LIEN HOLDER 120 E BALTIMORE ST 25 FL	
CITY BALTIMORE	STATE MD
ZIP CODE 21202	
LIEN CODE SECOND LIENHOLDER	LIEN DATE
LIEN HOLDER CITY	STATE ZIP CODE

SSEE / REGISTRANT INFORMATION (OWNER OF PLATE)	LEGAL STATUS ☐	NAME CODE ☐	MAO ☐	ILU ☐
NAME	NAME			
ADDRESS	CITY			
	STATE			
	ZIP CODE			

VEHICLE COST / TAX INFORMATION (required for Title & Registration Transactions)			
VEHICLE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX PAID
DEALER NAME		DEALER ADDRESS	DEALER #

required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title)			
☐ LOST	☐ STOLEN	☐ MUTILATED	☐ RTND DUE TO NON DELIVERY
☐ ALTERED	☐ ILLEGIBLE		

I, the undersigned, hereby certify that the 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 to determine the accuracy of the information provided by me or on my behalf.		DATE 09/10/2012
SIGNATURE OF CERTIFIER/OWNER		POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)

COUNTY NAME HAMILTON	COUNTY NUMBER 33	DATE OF APPLICATION 09/10/2012	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	HJC27
FEE USE ONLY				
REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE
ISSUANCE FEE 12.00		TITLE FEE 5.50		TOTAL TAX COLLECTED .00
SALES OR USE TAX		SA TAX	LOCAL TAX	ADDITIONAL TAX
COLLECTED IN STATE OF		COUNTY WHEEL TAX		CITY STICKER FEE
SALES TAX ☐ USE TAX		VER		ID / RESIDENCY VERIFICATION
SERVICE OPT FEE		POSTAGE		TOTAL FEES COLLECTED 97.25