OFFICIAL VEHICLE REGISTRATION

ity Stickers:						,					8094	14
W OR CURRENT TITLE NUMBER					NO1	N REGISTRATION ONLY NUMBER						
NER INFORMATION *LEGA	AL STATUS: 1 (AND) 2 (OR) ENTER	R NAME CODE IN	N BOX 1 (SAM		NT) 3(MULTIPLE LAS	T NAMES) 4(CC	OMPANY) 5(OVE	R 28 CHARACTER	s) 4	MAO N ILU	N
ST NAME FIRST NAME MIDDLE INITIAL BOWMAN TRAILER LEASING LLC						LAST NAME FIRST NAME MIDDLE INITIAL						
DRESS 1 (MAILING)	ILER LEASIN	IG LLC				ADDRESS 2 (PHYSI	CAL)					
O BOX 433	% 10233 (GOVERN	OR LN B	LVD			,					
VILLIAMSPORT MD				ZIP CODE 21795		CITY STATE ZIP CODE TELEPHONE # PLACARD/HEARING IMPAIRED CLS/YR I 'INSURANCE POLICY #						
OF RESIDENCE/PRINCIPAL BUS OR	O2/25/2013 LEASED 0'S SEE REVERSE SIDE R			VICE OPTION	IONS 201 582 1793			EARING IMPAIRED	CLS/YR	*INSURANCE POLICY	#	
HICLE INFORMATION		MAKE	MODEL	YEAR	BODY	TITLE BRAND - tra	enstation		CODE TO	PE OF FUE	L - translation	CODE
JJV532W95L9	WABA	1JJ	2005	SE	USED		U	9		9		
RRENDERED TITLE # STATE PREVIOUS			EVIOUS STATES	STITLED	VEHICLE U	SE VEHICLE TYP	E CURRE	NT MILEAGE	ODOMETER AN INDICATOR ON	ER 10 YRS / 1	(6.000 LBS (1)	CODE
09176045 OR CODE (enter appropriate of LOWER	ME HOME WDTH # AXLES			F OSS VEHICLE	S *VEHICLE TRAC		TRADE-IN DES	1 200 0 0		ECHANICAL LIMITS (9) COMPANY VEHICLE #	1 944	
ATE INFORMATION *(requir	red for Title and Registra	tion and Registra	tion Only Transa	ctions) SEE RE	VERSE SIDE	FOR COMPLETE INS	TRUCTIONS					
ATE #(1) CLA J435304					TY STICKER #(1)(2)	*PLATE #(TRA	ADE IN)(2)	E IN)(2) CLASS CODE/ISSUI		E YR(2) EXPIRATION DATE (1)(2)(3) PERMANEN		
R STICKER #(4) TEMP OPERATOR P		PERMIT #(3) # OF SEATS(ZONE(COUNTY NAME)		(6)	6) USDOT / REGISTRANT #(7)			мото	OR CARRIER #(8)	
N CODE SECOND LII	LTIMORE ST				100# 2005	CITY			STATE		ZIP CODE	TE
SSEE / REGISTRANT INFO	DRMATION(OWNER OF	PLATE)	LEGAL	STATUS	NAME	CODE NAME	мао 🔲	ונט 🗀 🔃				alki ter
DRESS					C	TY			STATE	:	ZIP CODE	
HICLE COST / TAX INFORM LE PRICE	MATION *(required for Ti TRADE IN ALL		Transactions)	TAXA	BLE AMOUNT	ī	SALESTAX	PAID		TAX EXEMP	PTION REASON / SALES	STAX#
ALER NAME DE				ER ADDRESS					DEALER #			
equired for Duplicate Title - T	F.C.A. 55-3-115 (submit	llegible or altered	d Certificate of Tit	le)					1767-14	-T-		
LOST	STOLEN		MUTILATE			'N'D DUE TO NON DE			ERED		ILLEGIBLE	
ler penalties of perjury, I her s assignees to determine the SNATURE OF CERTIFIER/C		n provided is true ation provided by				acknowledge that it is HORIZED SIGNATUR			venicle Division	DATE	04/05/2013	3
DICE NUMBER COUNTY NAME			C	ONUMBER					REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) .) KNOWLES HJC27			
13095 @ HAMILTO		Trailer		33		/05/2013	W.F. (BILL) KN (total fees collected Indica		cated certifies this		as a valid registration)	
GISTRATION FEE 79.75	CREDIT		E FEE	TR	ANS FEE	CLERK FEE	12.0		5.50	TOTAL	TAX COLLECTED	
MPUTATION OF SALES TAX USE TA ERVICE OPT FEE	SALES OR USE TAX X ORGAN DONOR	SA TAX		VER	ADDITIONAL T	ID / RESIDENC	ECTED IN STA	TE OF COUN	NTY WHEEL TAX	*TOTA	L FEES COLLECTED	
Port: WK	48/DR27/8020	Cash:	0.00	Check: 0	0.00	Check#:	Credit:	0.00 A	uth#:	Change		692