



80995

NEW OR CURRENT TITLE NUMBER	TRANSACTION CODE	REGISTRATION ONLY NUMBER
92575700	N01	

ADDRESS 1 (MAILING)	ADDRESS 2 (PHYSICAL)
10233 GOVERNOR LN BLVD	

COUNTY OF RESIDENCE/PRINCIPAL BUS OR INCOMP LOCATION HAMILTON 033	PURCHASE DATE 06/24/2013	*LEASED  *SERVICE OPTIONS  SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 301 582 1793	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
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SURRENDERED 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 (5)	CODE
09176096	ME		F	S			1

COLOR CODE (enter appropriate code) UPPER 0	MOBILE HOME LGTH WDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 80995
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PLATE INFORMATION (Required for Title and Registration and Registration of Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1)	CLASS CODE/ISSUE YR (1)(3)	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3)
U456575	8020/1994						PERMANENT

TRUCK STICKER #(4)	TEMP OPERATOR PERMIT #(3)	# OF STATES(5)	ZONE(COUNTY NAME)(6)	USDOT / REGISTRANT #(7)	MOTOR CARRIER #(8)
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LIEN INFORMATION (lien person)		
LIEN CODE	FIRST LIENHOLDER	LIEN DATE
	SUNTRUST BANK	06/24/2013

STREET	CITY	STATE	ZIP CODE
120 E BALTIMORE ST 25 FL	BALTIMORE	MD	21202

LIEN CODE	SECOND LIENHOLDER	LIEN DATE

STREET	CITY	STATE	ZIP CODE

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

ADDRESS _____ UNIT _____ UNIT _____

VEHICLE COST/TAX INFORMATION (required for Title & Registration Transaction)					
SALE PRICE	TRADE IN ALLOWANCE		TAXABLE AMOUNT	SALESTAX PAID	TAX EXEMPTION REASON / SALES TAX #

DEALER NAME	DEALER ADDRESS	DEALER #

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTN'D DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
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Under penalties of perjury, I hereby certify all information provided is true and correct or its assignees to determine the accuracy of the information provided by me or on my behalf.

SIGNATURE OF CERTIFIER/OWNER

to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division
/ behalf.

SIGNATURE OF CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)	DATE 07/26/2013
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VOICE NUMBER	COUNTY NAME	CO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES/COUNTY CLERK
13207 @	HAMILTON	33	07/26/2013	W.F. (BILL) KNOWLES HJC27

OFFICE 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
<input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX							

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