## TENNESSEE DEPARTMENT OF REVENUE VEHICLE TAXPAYER SERVICES DIVISION MULTI-PURPOSE APPLICATION

## OFFICIAL VEHICLE REGISTRATION

City Stickers:	824158
NEW OR CURRENT TITLE NUMBER  90480802  TRANSACTION CODE*  REGISTRATION ONLY NUMBER  001	
OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS)	)4 MAO N ILU N
LAST NAME . FIRST NAME MIDDLE INITIAL LAST NAME FIRST NAME  BOWMAN TRAILER LEASING LLC	MIDDLE INITIAL
ADDRESS 1 (MAILING)  ADDRESS 2 (PHYSICAL)	
10233 GOVERNOR LN BLVD	
CITY STATE ZIP CODE CITY STATE WILLIAMSPORT MD 21795	9920 922000
HAMILTON 033  PURCHASE DATE  06/29/2012  LEASED 0 SERVICE OPTIONS  301 582 1793	CLSYR INSURANCE POLICY #
VEHICLE INFORMATION  VIN MAKE MODEL YEAR BODY TITLE BRAND - translation CODE TYP	PE OF FUEL - translation CODE
1JJV532W5YL584021 WABA DVC 2000 SE	9
SURRENDERED TITLE # STATE PREVIOUS STATES TITLED VEHICLE USE VEHICLE TYPE CURRENT MILEAGE ODOMETER ACT	TUAL (0) NOT ACTUAL (8) CODE
71690821 TN OK F S	R 10 YRS / 16,000 LBS (1) (CESS OF MECHANICAL LIMITS (9)
COLOR CODE (enter appropriate code)* MOBILE HOME UPPER LOWER WOTH # AXLES GROSS VEHICLE WEIGHT *VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE #
O	826158
PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS  PLATE #(1) CLASSCODE/ISSUEYR(1)(3) VALIDATION #(1) COUNTY STICKER #(1) CITY STICKER #(1)(2) *PLATE #(TRADE IN)(2) CLASS CODE/ISSUE	E YR(2) EXPIRATION DATE (1)(2)(3)
U381096 8020/1994	PERMANENT
TDR STICKER #(4) TEMP OPERATOR PERMIT #(3) # OF SEATS(5) ZONE(COUNTY NAME)(6) USDOT / REGISTRANT #(7)	MOTOR CARRIER #(8)
120 E BALTIMORE ST 25 FL BALTIMORE LIEN CODE SECOND LIENHOLDER	D 21202 LIEN DATE
STREET CITY STATE	ZIP CODE
*LESSEE / 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)       SALE PRICE     TRADE IN ALLOWANCE     TAXABLE AMOUNT     SALESTAX PAID       3     *T.	ZIP CODE
	ZIP CODE  AX EXEMPTION REASON / SALES TAX #
DEALER NAME DEALER ADDRESS	
DEALER NAME  DEALER ADDRESS  *Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title)	"AX EXEMPTION REASON / SALES TAX #
*Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title)  LOST STOLEN MUTILATED RTN'D DUE TO NON DELIEVERY ALTERED	"AX EXEMPTION REASON / SALES TAX #
*Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title)	DEALER #
*Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title)  LOST  STOLEN  MUTILATED  ALTERED  Under 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 or its assignees to determine the accuracy of the information provided by me or on my behalf.  SIGNATURE OF CERTIFIER/OWNER  POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  INVOICE NUMBER  CO NUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR V	DEALER #  DEALER #  ILLEGIBLE  DATE  08/30/2012  VEHICLES(COUNTY CLERK)
*Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title)  LOST  STOLEN  MUTILATED  RTN'D DUE TO NON DELIEVERY  ALTERED  Under 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 or its assignees to determine the accuracy of the information provided by me or on my behalf.  SIGNATURE OF CERTIFIER/OWNER  POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  INVOICE NUMBER  CO NUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VIII.  12243 @ HAMILTON  33 08/30/2012 W.F. (BILL) KNOWLES	DEALER #  DEALER #  ILLEGIBLE  DATE  08/30/2012  VEHICLES(COUNTY CLERK)  HJC27  Orm as a valid registration)
*Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title)  LOST  STOLEN  MUTILATED  RTN'D DUE TO NON DELIEVERY  ALTERED  Under 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 or its assignees to determine the accuracy of the information provided by me or on my behalf.  SIGNATURE OF CERTIFIER/OWNER  POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  INVOICE NUMBER  COUNTY NAME  CO NUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR N  TOTAL OF A STOLEN  W.F. (BILL) KNOWLES  OFFICE USE ONLY  REGISTRATION FEE  TRANS FEE  CLERK FEE  ISSUANCE FEE  TITLE FEE  TITLE FEE  TOTAL OF TRANS FEE  CLERK FEE  TITLE FEE  TITLE FEE  TOTAL OF TRANS FEE  TOT	DEALER #  DEALER #  DEALER #  DATE  08/30/2012  VEHICLES(COUNTY CLERK)  HJC27  Orm as a valid registration)  TOTAL TAX COLLECTED  .00
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