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

## **OFFICIAL VEHICLE REGISTRATION**

City Stickers:											8508	13_	
NEW OR CURRENT TITLE NU	JMBER				TRANSACTION CODE*	R	EGISTRATION ONL	YNUMBER					
90049467					O01	ļ							
OWNER INFORMATION "LEGAL STATUS: 1 (AND) 2 (OR) ENTER NAME CODE IN BOX 1 (STATUS TO AME NAME NAME NAME NAME NAME NAME NAME					1 (SAME) 2(DIFFERE	ENT) 3(MULTIPLI	E LAST NAMES) 4(	COMPANY) 5(OV	ER 28 CHARACTE	<sub>RS)</sub> 5	MAO N ILU	N	
The state of the s									FIRST NAME		MIDDLE INITIA		
BOWMAN SALES AND EQUIPMENT INC													
ADDRESS 1 (MAILING)							PHYSICAL)						
10233 GOVERI	NOR LANE	BLVD											
CITY				CODE	СПУ	СПУ		STATE		ZIP CODE			
WILLIAMSPORT  DATY OF RESIDENCE PRINCIPAL BUS OR INCORP LOCATION		MD PURCHASE DATE		217	21795-0433		PHONE #	I *DI ACADDA	HEARING IMPAIRE	DCISNB T	*INSURANCE POLICY	/ 4	
HAMILTON 03	ONINTIONS TEASED			SERVICE OPTION	اراء				BOLSTIN	MOOTATOE TOLIO	•		
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SEE REVERSE	SIDE FOR INSTRUCTIONS			<u> </u>					
VEHICLE INFORMATION VIN		MAKE MODEL		DDEL YE	AR BODY	TITLE BRAND -list the appropriate code		te code	CODE TYPE OF FUEL - Its		L - list the appropriate	CODE	
1GRAA0624RB170430		GDAN 10		IGR 1	994 SE	TITLE BRAND -list the appropria (NINEW (1)RECONSTRUCTI (U)USED (2)FLOOD DAMAGE (D)DEMO (3)SPECIALLY CON (8)PARTS ONLY		GE ONSTRUCTED		GAS (1) ELECTRIC/HYBRID (3) DIESEL (2) PROPANE (4)		9	
SURRENDERED TITLE #				STATES TITLE				ENT MILEAGE	ODOMETER ACTUAL (0)		OT ACTUAL (8)	CODE	
					l _		.		INDICATOR O	VER 10 YRS /	16,000 LBS (1) ECHANICAL LIMITS (9)		
67865716  COLOR CODE (enter appropriate code)* MOBILE H			TN ME		GROSS VEHICLE	WEIGHT		EHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE #		1	
UPPER LOWER	WDTH			S. JOS VERNOLE	VERIOLE TRADE			DESCRIPTION		850873			
	rod for Title each De-	trolles *	BooletN C	L. Transcort	DEE DEI FERGE CIT	FOR COLUMN	E DIOTRI IOTA				33	3010	
PLATE INFORMATION *(regular PLATE #(1) CLA	ASSCODE/ISSUEYR		Hegistration On ALIDATION #(1)			FOR COMPLET ITY STICKER #(1		RADE IN)(2)	CLASS CODE/ISS	SUE YR(2)	EXPIRATION DATE	(1)(2)(3)	
U358066	8020/199	94									PERM	ANENT	
TDR STICKER #(4)	TEMP OPERATOR P	ERMIT #(3)	# OF S	EATS(5) ZC	NE(COUNTY NAME	)(6)	USDOT / REG	ISTRANT #(7)	<del> </del>	мото	OR CARRIER #(8)		
LIEN INFORMATION (If lien pr							1:			·			
LIEN CODE FIRST LIEN	HOLDER										LIEN DA	TE	
STREET						CITY			STATE		ZIP CODE		
omeet				•		CITY			SIAIC	•	ZIF CODE		
LIEN CODE SECOND LI	ENHOLDER								-		LIEN DA	TE	
STREET			-			CITY			STATE		ZIP CODE		
W <del></del>			+ :						. :			<del></del>	
"LESSEE / REGISTRANT INFO	PRMATION(OWNER	OF PLATE)	<u> </u>	LEGAL STATUS	S L NAME	CODE L	MAO L	11.0					
TO THE STATE OF TH						NAME							
ADDRESS					CI	ŤΥ			STAT	E	ZIP CODE		
	r kurti			<del></del>				<del> </del>					
VEHICLE COST/TAX INFORM SALE PRICE	AATION *(required for TRADE IN A			ctions)	TAXABLE AMOUNT		SALESTA	K PAID	The state of the s	TAX EXEMP	TION REASON / SALES	TAX#	
				1.2									
DEALER NAME				DEALER ADD	DRESS						DEALER #		
"Recutred for Duolicate Title - T	.C.A. 55-3-115 (summ	nit (lienible o	r altered Cortin	ate of Title)									
					ПП								
LOST	STOLEM			UTILATED		N'D DUE TO NO		_	ERED		ILLEGIBLE		
Under penalties of perjury, I here or its assignees to determine the		tion provided mation prov	d is true and cor rided by me or o						r Vehicle Division	1			
SIGNATURE OF CERTIFIER/O	OWNER			POWER	OF ATTORNEY/AUTI	HORIZED SIGNA	TURE(IF APPLICA	BLE)		DATE	05/22/2011	•	
NVOICE NUMBER	COUNTY NAME			CO NUME	FR DATE OF A	PPLICATION	DV AITT	HUBILA UE BEG	STRAR OF MOTO	B AEHICI REA	05/23/2012	<u>-</u>	
12144 @	HAMILT	ON	-			/23/2012			NOWLES			HJC27	
OFFICE USE ONLY REGISTRATION FEE	EMISSION:		LEASE FEE				_(total fo	ses collected ind	icated certifies this	form as a va			
79.75	Chebii		LEASE FEE		TRANS FEE	CLERK FE	12.		5.50	.00	_		
COMPUTATION OF	SALES OR USE TO	AX :	SA TAX	LOCAL TAX	ADDITIONAL T	AX T	COLLECTED IN ST		NTY WHEEL TAX	CITYS	TICKER FEE		
SALES TAX USE TAX	ORGAN DONOR		POSTAGE	<del></del>	VER	In/peen	ENCY VERIFICATION	ON	<del></del>	******	L FEES COLLECTED		
	STORE DOTTOR		. 03.462		v=1	I D' NEOID	CITOT VERIFICATIV	<b>~</b>			.25		
SF-1357 Port: WK4	48/DR27/8020	) C	ash: 0.00	Chec	k: 0,00 (	heck#:	Credit:	0.00	Auth#:	Change	. 0.00 RDA-	692	