

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

## OFFICIAL VEHICLE REGISTRATION

| ity Stickers:   |                                 |                          |                        |                           |   | 852463                                 |                |   |           |
|---|---------------------------------|--------------------------|------------------------|---------------------------|---|--|----------------|---|-----------|
| W OR CURRENT TITLE NUMBER   |                                 | TRANSACTION CODE*        | REGISTRAT              | TION ONLY NUMBER          |   |  |                |   |           |
| 91448463  |                                 |                          | 001                    |                           |   |  | 7              |   |           |
| INER INFORMATION *LEGAL STATUS: 1   | (AND) 2 (OR) ENTER NA           | ME CODE IN BOX 1 (       | SAME) 2(DIFFERENT)     | 3(MULTIPLE LAST NA        | AMES) 4(COMPANY) 5(C                    | VER 28 CHARACTE                        | ERS) 4         | MAO N ILU   | N         |
| ST NAME<br>BOWMAN TRAILER LE  | FIRST NAME                      | MIDDLE IN                | IITIAL LA              | ST NAME                   |   | FIRST NAME                             |                | MIDDLE INITIA   | AL.       |
| DRESS 1 (MAILING)   |                                 |                          | AE                     | DDRESS 2 (PHYSICAL        | .)                                      |  |                |   |           |
| PO BOX 433 % 10   | 233 GOVERNO                     | R LN BLVD                |                        |                           |   |  |                |   |           |
| Y STATE   |                                 | ZIP C                    |                        | CITY                      |   | ST                                     | STATE ZIP CODE |   |           |
| WILLIAMSPORT MD   |                                 | 2179                     | 5                      | TELEPHONE # PLACARD/H     |   | HEARING IMPAIR                         | ED CLEVE       | I *INSURANCE POLICY   | / #       |
| OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION   | TOTION AGE DATE                 | LEASED 0                 | SERVICE OPTIONS        |                           | -00 10000000000000000000000000000000000 | MEANING IMPAIN                         | ED CES/TH      | INSUTATION TO CLO   | . "       |
| HAMILTON 033  | 12/14/2012                      | SEE REVERSE SID          | E FOR INSTRUCTIONS     | 301 58                    | 2 1793                                  | PE-5250 3                              | ET YELLES      |   |           |
| HICLE INFORMATION   | MAKE                            | MODEL YEAR               | BODY -                 | TITLE BRAND - transla     | ition                                   | CODE                                   | TYPE OF FU     | EL - translation  | CODE      |
| 1JJV532W26L972806   | WABA                            | 1JJ 200                  | 06 SE                  | JSED                      |   | U                                      |                |   | 9         |
| RRENDERED TITLE #   | STATE PREVIO                    | OUS STATES TITLED        | VEHICLE USE            | VEHICLE TYPE              | CURRENT MILEAGE                         | ODOMETER<br>INDICATOR                  | OVER 10 YRS    | NOT ACTUAL (8)<br>/ 16,000 LBS (1)<br>MECHANICAL LIMITS (9) | CODE      |
| 11657373  | ME TN                           |                          | F                      | S                         |   |  |                |   | 1         |
| PER LOWER LG  | BILE HOME<br>TH WDTH            | # AXLES                  | GROSS VEHICLE WE       | EIGHT                     | *VEHICLE TRADE-IN D                     | ESCRIPTION                             |                | COMPANY VEHICLE #   | 0400      |
| 0   |                                 |                          | CTS07 355 285 UNV NO   | Waste Colored             |   | a regulation commons                   |                | 85  | 52403     |
| ATE INFORMATION *(required for Title and<br>ATE #(1) CLASSCODE/ISS                            |                                 |                          |                        |                           | ATE #(TRADE IN)(2)                      | CLASS CODE/IS                          | SSUE YR(2)     | EXPIRATION DATE   | (1)(2)(3) |
| U416301 8020  | /1994                           |                          |                        |                           |   |  |                | PERM  | ANEN      |
| R STICKER #(4) TEMP OPERA   | TOR PERMIT #(3) # O             | F SEATS(5) ZON           | E(COUNTY NAME)(6)      | USD                       | OT / REGISTRANT #(7)                    |  | MO             | TOR CARRIER #(8)  |           |
|   |                                 |                          |                        |                           |   |  |                |   |           |
| :N INFORMATION (If lien present)  |                                 |                          | tena liking            |                           |   | (2) 数三次形形。                             |                |   |           |
| N CODE FIRST LIENHOLDER   | 2                               |                          |                        |                           |   |  |                | LIEN DA   |           |
| SUNTRUS   | TBANK                           |                          | Cr                     | TV                        |   | STAT                                   | re             | ZIP CODE  | 4/2012    |
| 120 E BALTIMOF  |                                 | BALTIMORE                |                        |                           |   | MD 21202                               |                |   |           |
| N CODE SECOND LIENHOLDER  |                                 |                          |                        |                           |   |  |                | LIEN DA   | ATE       |
| REET  | -                               | CITY                     |                        |                           |   | STATE ZIP CODE                         |                |   |           |
|   |                                 |                          |                        |                           |   | 7 F3 53 12 12                          |                |   |           |
| SSEE / REGISTRANT INFORMATION(OVIME   | VNER OF PLATE)                  | LEGAL STATUS             | NAME CO                | DE L MAC                  |   | 40000000000000000000000000000000000000 |                |   |           |
| IME   |                                 |                          | "                      | ,                         |   |  |                |   |           |
| DRESS   |                                 | CITY                     |                        |                           |   | STATE ZIP CODE                         |                |   |           |
|   |                                 |                          | New York Control       |                           |   |  | T-Egodie       |   | NO.       |
| HICLE COST / TAX INFORMATION *(require PRICE TRAD   | DE IN ALLOWANCE                 |                          | TAXABLE AMOUNT         |                           | SALESTAX PAID                           |  | *TAX EXEN      | MPTION REASON / SALE  | STAX#     |
| ALER NAME   |                                 | DEALER ADDE              | DEALER ADDRESS         |                           |   | DEALER #                               |                |   |           |
| ACCT NAME   |                                 | DEACET ADDITION          |                        |                           |   |  |                |   |           |
| equired for Duplicate Title - T.C.A. 55-3-115   | (submit Illegible or altered Ce | rtificate of Title)      |                        |                           |   |  |                |   |           |
| LOST  | STOLEN                          | MUTILATED                | RTN'D                  | DUE TO NON DELIEV         | VERY AI                                 | TERED                                  |                | ILLEGIBLE   |           |
| der penalties of perjury, I hereby certify all its assignees to determine the accuracy of the | nformation provided is true and | correct to the best of r | ny knowledge, and acki | nowledge that it is not t | he responsibility of the Me             | otor Vehicle Division                  |                |   |           |
| ts assignees to determine the accuracy of to<br>SNATURE OF CERTIFIER/OWNER                    | ne information provided by me   |                          | F ATTORNEY/AUTHOR      |                           |   |  | DATE           |   |           |
|   |                                 |                          |                        |                           |   |  |                | 01/25/2013  | 3         |
| OICE NUMBER COUNTY NA   |                                 | CO NUMBE                 |                        |                           | BY AUTHORITY OF RE                      |  |                |   |           |
|   | IILTON<br>SION: Trailer         | 33                       | 3 01/2                 | 5/2013                    | W.F. (BILL)                             |  |                |   | HJC2      |
| EGISTRATION FEE CREDIT  | LEASE F                         | EE                       | TRANS FEE              | CLERK FEE                 | ISSUANCE FEE TIT                        | 5.50                                   | TOT            | AL TAX COLLECTED  |           |
| 79.75 MPUTATION OF SALES OR   | USE TAX SA TAX                  | LOCAL TAX                | ADDITIONAL TAX         | COLLEC                    | 12.00                                   | UNTY WHEEL TAX                         |                | STICKER FEE   |           |
| ] SALES TAX [] USE TAX  |                                 |                          |                        |                           |   |  |                | TAL PERSON COLUMN   |           |
| ERVICE OPT FEE ORGAN DO   | DNOR POSTAG                     | E V                      | ER                     | ID / RESIDENCY VE         | HEIGATION                               |  |                | 7.25  |           |
| Port: WK48/DR27/  | 8020 Cash: 0                    | on Check                 | . 0.00 05              | arkt. C                   | radit- n nn                             | Arith#:                                |                | e: 0.00 max   | 600       |