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

OFFICIAL VEHICLE REGISTRATION

| City Stickers: | | | | | | | | | | | | | | | 85 | 526 | 66 |
|--|--|--------------------|-------------|--|-------------------|---------------|--|--|---------------------|--|----------------|--|---------------------------|-----------|---|---|-----------|
| NEW OR CURRENT TITLE N | NUMBER | | | | | | TRANSACTION CODE* | | REGISTE | RATION ON | ILY NUMBE | R | | | | | |
| OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (0R) ENTER NAME | | | | | | N BOX 1 (SA | | I NT) 3(MULT | IPLE LAST | NAMES) 4 | (COMPAN) | 0 5(OVER | 28 CHARACT | rens) 5 | OAM | 1] _{ΙLU} [| N |
| LAST NAME | | F | IRST NAM | ИE | V | MIDDLE INIT | A STATE OF THE STA | LAST NAM | 100-101-07-111-07-0 | | | Approximate and | FIRST NAME | | MIDE | DLE INITIAL | |
| BOWMAN SA | LES AI | ND EQU | IPME | II I II | NC . | | | ADDRESS | 2 (PHVSIC | 241) | | | | | | | |
| PO BOX 433 | % | 10233 6 | OVE | RNO | R LN B | LVD | | ADDRESS | 2 (F111310 | JAL) | | | | | | | |
| CITY STATE | | | | ZIP CODE | | | CITY | | | | | STATE | | ZIP C | ODE | | |
| WILLIAMSPORT ENTY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION E | | | MD 21 | | | 21795 | 1795 | | | | | | | - 1 | | | |
| HAMILTON 0 | | 1 . 0. | 06/30 | | 1 LEASE SEE RE | | ERVICE OPTION OR INSTRUCTIONS | | 301-5 | # 582-17 | | CARD/HEA | ARING IMPAIR | RED CLS/ | YR INSURANC | E POLICY | , |
| VEHICLE INFORMATION VIN | | | MAKE | T | MODEL | YEAR | BODY | TITLE BR | AND -list th | he appropri | ate code | | CODE | TYPE OF | FUEL - list the appro | priate | CODE |
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| SURRENDERED TITLE # | | | STATE | PREVI | OUS STATES | TITLED | VEHICLE U | | CLE TYPE | _ | RENT MILE | | | | (0) NOT ACTUAL (8) | | COD |
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| COLOR CODE (enter appropriat | te code)* | MOBILE HOM | IE WDTH | | # AXLES | GF | ROSS VEHICLE | WEIGHT | | *VEHIC | CLE TRADE | -IN DESCF | RIPTION | | COMPANY VE | HICLE # | 1 |
| 0 | SOURCE AND ADDRESS OF THE PARTY | | TAXABARA | Was a state of the | | | | | | | | | | | | 85 | 2666 |
| PLATE INFORMATION *(required) | uired for Title | and Registration | | gistration DATION : | | tions) SEE F | | FOR COMPL | | | RADE IN)(2 | e) [C | LASS CODE/ | ISSUE YR | (2) EXPIRATI | ON DATE (| (1)(2)(3) |
| U334442 | 802 | 20/1994 | | | | | | | | ,, | | | | | | ERMA | |
| TDR STICKER #(4) | TEMP OPE | RATOR PERM | 1IT #(3) | #0 | F SEATS(5) | ZONE(C | OUNTY NAME) | (6) | US | SDOT / REC | GISTRANT # | ¥(7) | | | MOTOR CARRIER | #(8) | |
| IEN INFORMATION (If lien p | present) | | | X SELECTION OF THE SELE | | | | | | | | | | | | | |
| | NHOLDER | | | | | | | Artist House, 18) | | | | ************************************** | | | | LIEN DAT | TE |
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| JEN CODE SECOND I | LIENHOLDE | R | | | | | | | | OHE | | | | ····· | 2120 | LIEN DAT | TE |
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| STREET | | | | | | | | CITY | | | | | STA | TE | ZIP C | ODE | |
| LESSEE / REGISTRANT INF | ORMATION | (OWNER OF P | N ATE | | LEGAL S | TATUS | NAME | | | | [| | | | | | |
| NAME | O' MAY TON | OWNER OF T | DAIL! | | LEGAL | TATOS L | _ NAME | NAME | M | IAO L | ILU L | | | | | | |
| ADDRESS | | | | | | | CIT | Y | | | | | STA | ATE | | IP CODE | |
| | | | | JAN 2020 STO | | NOT PECCHA | | | | | | | | | | | |
| EHICLE COST / TAX INFOR | | equired for Title | | ration Tra | nsactions) | TAX | ABLE AMOUNT | | | SALESTA | X PAID | | | -TAX F | XEMPTION REASO | N/SALES | TAY# |
| DEALER NAME | | | | | | | | | | | | | | | TEM TOTTIERO | TT ONLLO | 1700.11 |
| CALEN NAME | | | | | DEALE | R ADDRESS | 5 | | | | | | | | DEALER # | | |
| Required for Duplicate Title - | T.C.A. 55-3- | 115 (submit Ille | gible or al | Itered Cer | tificate of Title | 9) | | | | | | | | | | | |
| LOST | | STOLEN | | | MUTILATED | | RTM | N'D DUE TO | NON DELI | EVERY | | ALTERE | ED | | ILLEG | IBLE | |
| Inder penalties of perjury. I he rits assignees to determine the | reby certify a | Il information p | rovided is | true and | correct to the | best of my ki | nowledge, and a | cknowledge | that it is no | t the respon | sibility of th | | | | | | |
| IGNATURE OF CERTIFIER | OWNER | or the information | on provide | d by me o | or on my beha | WER OF AT | TORNEY/AUTH | ORIZED SIG | NATURE(I | IF APPLICA | ABLE) | | | | ATE | | |
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| 11349 @ | COUNTY | MILTON | | | CO | NUMBER | DATE OF AP | | | | | | | | CLES(COUNTY CLE | | |
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| 79.75 | CREDIT | | | EASE FE | t | TF | RANS FEE | CLERK | FEE | ISSUAN | CE FEE | TITLE FE | | | OTAL TAX COLLEC | | |
| COMPUTATION OF | | OR USE TAX | SA | TAX | LOCAL | TAX / | ADDITIONAL TA | Х | COLLEG | CTED IN ST | | | WHEEL TAX | C | ITY STICKER FEE | | |
| SERVICE OPT FEE | ORGAN | DONOR | P | OSTAGE | | VER | | ID / RES | SIDENCYV | /ERIFICATI | ION | | | | TOTAL FEES COLLE | CTED | |
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