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

Change: 0.00

RDA-692

## OFFICIAL VEHICLE REGISTRATION

85406 City Stickers: NEW OR CURRENT TITLE NUMBER TRANSACTION REGISTRATION ONLY NUMBER 92779140 001 ENTER NAME CODE IN BOX 1 (BAME) 2(DIFFERENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTERS) OWNER INFORMATION LEGAL STATUS: 1 (AND) 2 (CR) FIRST NAME MIDDLE INITIAL LAST NAME FIRST NAME **BOWMAN TRAILER LEASING LLC** ADDRESS 1 (MAILING) ADDRESS 2 (PHYSICAL) **10233 GOVERNOR LN BLVD** ZIP CODE STATE ZIP CODE STATE WILLIAMSPORT MD 21795 PLACARD/HEARING IMPAIRED CLS/YR \*INSURANCE POLICY # TELEPHONE # TY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION PURCHASE DATE LEASED O SERVICE OPTIONS **HAMILTON 033** 06/19/2013 301 582 1793 VEHICLE INFORMATION CODE MODEL YEAR BODY TITLE BRAND - translation CODE TYPE OF FUEL - translation 1GRAA06286T526951 **GREA** 741 2006 SE Q USED ODOMETER ACTUAL (0) NOT ACTUAL (8)
INDICATOR OVER 10 YR8 / 18,000 LBS (1)
(List one) IN EXCESS OF MECHANICAL LIMITS (9) SURRENDERED TITLE # VEHICLE USE VEHICLE TYPE CODE STATE PREVIOUS STATES TITLED CURRENT MILEAGE 72503675 TN TN S VEHICLE TRADE IN DESCRIPTION COMPANY VEHICLE # COLOR CODE (enter appropriate code)\* MOBILE HOME # AXLES GROSS VEHICLE WEIGHT 85406 0 PLATE INFORMATION "(required for Title and Registration and Registration Chief 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 YR CLASS CODE/ISSUE YR(2) EXPIRATION DATE (1)(2)(3) U474948 8020/1994 PERMANENT MOTOR CARRIER #(8) TDR STICKER #(4) TEMP OPERATOR PERMIT #(3) # OF SEATS(5) ZONE(COUNTY NAME)(6) USDOT / REGISTRANT #(7) LIEN INFORMATION (If Ilen présent)
LIEN CODE FIRST LIENHOLDER LIEN DATE 06/19/2013 SUNTRUST BANK ZIP CODE STREET CITY STATE 21202 120 E BALTIMORE ST 25 FL **BALTIMORE** MD LIEN DATE LIEN CODE SECOND LIENHOLDER STREET ZIP CODE CITY STATE LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE) NAME CODE NAME NAME ADDRESS STATE ZIP CODE VEHICLE COST / TAX INFORMATION \*(required for Title & Registration Transactions) TAX EXEMPTION REASON / SALES TAX # TAXABLE AMOUNT SALESTAX PAID DEALER ADDRESS DEALER # DEALER NAME Required for Direlicate Title - T.C.A. 55-3-115 (submit likelible or effered Certificate of Title) ALTERED ILLEGIBLE RTN'D DUE TO NON DELIEVERY LOST STOLEN MIJTH ATED 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) DATE 10/17/2013 BY AUTHORITY OF REGISTRAR OF MOTOR INVOICE NUMBER DATE OF APPLICATION **COUNTY NAME** CO NUMBER **HCM27** W.F. (BILL) KNOWLES 13290 @ **HAMILTON** 33 10/17/2013 (total fees collected indicated certifies this form as a valid registration)
ISSUANCE FEE TOTAL TAX COLLECTED EMISSION: Trailer LEASE FEE TRANS FEE CLERK FEE 12.00 5.50 .00 79.75 LOCAL TAX ADDITIONAL TAX COLLECTED IN STATE OF CITY STICKER FEE COMPUTATION OF SALES OR USE TAX SA TAX SALES TAX USE TAX ID / RESIDENCY VERIFICATION TOTAL FEES COLLECTED ORGAN DONOR POSTAGE SERVICE OPT FEE 97.25

Port: wk48/DR27/8020

SF-1357

Cash: 0.00

Check: 0.00

Check#:

Credit: 0.00

Auth#: