

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

OFFICIAL VEHICLE REGISTRATION

90480629 OWNER INFORMATION "LEGAL STATUS: 1 (AND) 2 (OR) DENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERENT) 3(MULTIPLE LAST NAME) 4 (COMPANY) 5 (OVER 28 CHARACTERS) 4 MAO N LUN LAST NAME FIRST NAME MIDDLE INITIAL BOWMAN TRAILER LEASING LLC ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD CITY STATE ZIP CODE WILLIAMSPORT MD 21795 CITY STATE ZIP CODE WILLIAMSPORT MD 21795 CITY STATE ZIP CODE WILLIAMSPORT MD 21795 CITY STATE ZIP CODE WILLIAMSPORT MD 33 06/29/2012 "LEASED O SERVICE OPTIONS SE REVERSE SIGN FOR INSTITUCTIONS" 106/29/2012 TELEPHONE # "PLACARD/HEARING IMPAIRED CLS/YR "INSURANCE POLICY # STATE SIE REVERSE SIGN FOR INSTITUCTIONS" 107 TELEPHONE # "PLACARD/HEARING IMPAIRED CLS/YR "INSURANCE POLICY # STATE SIE REVERSE SIGN FOR INSTITUCTIONS" 107 TELEPHONE # "PLACARD/HEARING IMPAIRED CLS/YR "INSURANCE POLICY # STATE SIE REVERSE SIGN FOR INSTITUCTIONS" 107 TELEPHONE # "PLACARD/HEARING IMPAIRED CLS/YR "INSURANCE POLICY # STATE SIE REVERSE SIGN FOR INSTITUCTIONS" 108 TELEPHONE # "PLACARD/HEARING IMPAIRED CLS/YR "INSURANCE POLICY # STATE SIE REVERSE SIGN FOR INSTITUCTIONS" 109 TELEPHONE # "PLACARD/HEARING IMPAIRED CLS/YR "INSURANCE POLICY # STATE SIE REVERSE SIGN FOR INSTITUCTIONS" 100 TELEPHONE # "PLACARD/HEARING IMPAIRED CLS/YR "INSURANCE POLICY # STATE SIE REVERSE SIGN FOR INSTITUCTIONS" 100 TELEPHONE # "PLACARD/HEARING IMPAIRED CLS/YR "INSURANCE POLICY # STATE SIE REVERSE SIGN FOR INSTITUCTIONS" 100 TELEPHONE # "PLACARD/HEARING IMPAIRED CLS/YR "INSURANCE POLICY # STATE SIE REVERSE SIGN FOR INSTITUCTIONS" 100 TELEPHONE # TELEPHON	City Stickers:		··-··					86385	·2
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STREET CITY STATE ZIP CODE **LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE) LEGAL STATUS NAME NAME NAME NAME **REQUIRED COST / TAX INFORMATION **Trequired for Title & Registration Transactions) SALE PRICE TRADE IN ALLOWANCE TAXABLE AMOUNT SALESTAX PAID TAX EXEMPTION REASON / SALES TAX # DEALER NAME DEALER ADDRESS DEALER # **Required for Duplicate Title - T.C.A. 55-3-115 (submit flequible or altered Certificate of Title) LOST STATE ZIP CODE **TAX EXEMPTION REASON / SALES TAX # DEALER # **Required for Duplicate Title - T.C.A. 55-3-115 (submit flequible or altered Certificate of Title) LOST STOLEN MUTILATED RIND DUE TO NON DELIEVERY ALTERED LILLEGIBLE	STREET 120 E BALTIMORE S			C		ORE		ZIP CODE 21202	
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LOST STOLEN MUTILATED RITN'D DUE TO NON DELIEVERY ALTERED LLEGIBLE	DEALER NAME	****	DEALER ADDRESS					DEALER#	
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	LOST STOLEN		MUTILATED	_				ILLEGIBLE	
or its assignees to determine the accuracy of the information provided by the or on my benan. SIGNATURE OF CERTIFIER/OWNER POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) DATE 08/30/2012		on provided is true and co nation provided by me or	prect to the best of my kn on my behalf. POWER OF ATT	nowledge, and ac	knowledge that it is no	It the responsibility of the Mot	or Vehicle Division		
INVOICE NUMBER COUNTY NAME CO NUMBER DATE OF APPLICATION BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) 12243 @ HAMILTON 33 08/30/2012 W.F. (BILL) KNOWLES HJC2						1			.1027
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SERVICE OPT FEE ORGAN DONOR POSTAGE VER ID/RESIDENCY VERIFICATION 97.25 SELIST PORT: WK48/DR27/8020 Cash: 0.00 Check: 0.00 Check#: Credit: 0.00 Auth#: Change: 0.00 RDA-692	COMPUTATION OF SALES OR USE TA			ADDITIONAL TA				TOTAL FEES COLLECTED	