



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

## **OFFICIAL VEHICLE REGISTRATION**

City Stickers:				-									8639	41
NEW OR CURRENT TITLE NUMBER  90480623						ANSACTION ODE		REGISTF	RATION ONLY N	UMBER				
OWNER INFORMATION *LEG.				ME CODE	IN BOX 1 (SAME				NAMES) 4(CO)	PANY) 5(OVE		ERS) 4		
LAST NAME  BOWMAN TRA		VG LL		ı	MIDDLE INITIAL	-	LAST NAME	I			FIRST NAME		MIDDLE INITIA	
ADDRESS 1 (MAILING)  10233 GOVERN	NOR LN BLV	'D					ADDRESS 2	(PHYSIC	CAL)					
CITY STATE ZIP CODE							CITY				ST	ATE	ZIP CODE	
WILLIAMSPOR	MD PURCHASE DATE			21795	TELEPHONE # PLACARD/HEARING IMPAIRED				RED CLS/	/A "INSURANCE POLICY	·			
HAMILTON 03		06/29	9/2012	2 TEAS	SED O SER	VICE OPTION	s	301 5	82 1793	<del></del>	· · · · · · · · · · · · · · · · · · ·	3.469****		
VEHICLE INFORMATION VIN			MAKE MODEL			BODY	TITLE BRAND - translation CO				CODE	CODE TYPE OF FUEL - translation CODE		
1JJV532W1YL	<u></u>		1JJ	2000	SE					U			9	
72837817	STATE	PREVIOUS STATES TO		S TITLED	VEHICLEU	SE VEHIC	VEHICLE TYPE		CURRENT MILEAGE		OVER 10 IN EXCESS	(0) NOT ACTUAL (8) CODE YRS / 16,000 LBS (1) S OF MECHANICAL LIMITS (9)		
COLOR CODE (enter appropriate UPPER LOWER	МЕ WDTH	114	# AXLE	S GRO	OSS VEHICLE	WEIGHT			RADE-IN DES	DESCRIPTION		COMPANY VEHICLE # 863941		
PLATE INFORMATION *(regul	ration and Registration Only T		Only Transi	ansactions) SEE REVERSE SIDE		FOR COMPLETE INST		RUCTIONS				803941		
	ASSCODE/ISSUEYR(1) 8020/199	(3) VALI	IDATION		COUNTY STICK		TY STICKER		*PLATE #(TRAD	E IN)(2)	CLASS CODE/	SSUE YR	(2) EXPIRATION DATE PERM	
TDR STICKER #(4) TEMP OPERATOR PE		RMIT #(3)	#(3) # OF SEATS(5)		) ZONE(CO	ZONE(COUNTY NAME)		3) USC		SDOT / REGISTRANT #(7)			MOTOR CARRIER #(8)	
LIEN INFORMATION (If lien pr LIEN CODE FIRST LIEN SU			Verigo,										LIEN DA <b>06/2</b> !	TE 9/2012
120 E BALTIMORE ST 25 FL						BALTIMORE					STATE ZIP CODE MD 21202			
	ENHOLDER			-						•		÷	LIEN DA	TE
STREET	T CITY STATE									TE	ZIP CODE			
"LESSEE / REGISTRANT INFO		C DI ATEL		1 EG A1	STATUS	NAME	cons 🗍		AAO 🗌 IL	ú 🔲				
NAME	JAMAHON(OWNER O	r PLAIE)		LEGAL	. 314103	IVAME	NAME			<u> </u>	`			
ADDRESS						CI	ΤΥ					ATE	ZIP CODE	
VEHICLE COST / TAX INFOR	MATION *(required for 1			insections)	TAXA	BLE AMOUNT		- 1 T	SALESTAX PA	AID		TAX E	XEMPTION REASON / SALES	S TAX #
DEALER NAME				DEA	LER ADDRESS						DEALER #			
*Required for Duolicate Title -	T.C.A. 55-3-115 (submit	Illegible or	allered Ce	rtificate of T	îtle)									
LOST	STOLEN			MUTILAT		RT	N'D DUE TO	NON DEL	JEVERY	ALTE	RED		ILLEGIBLE	
Under penalties of perjury, I her or its assignees to determine th SIGNATURE OF CERTIFIER/		n provided i ation provid	s true and led by me	correct to to or on my be	he best of my kn shalf. POWER OF ATI	owledge, and	acknowledge HORIZED SIG	that it is n	(IF APPLICABLE	E)		D	ATE 08/30/2012	2
NVOICE NUMBER COUNTY NAME 12243 @ HAMILTON					33		PPLICATION /30/201	/30/2012 W.F. (BILL)					HJC27	
OFFICE USE ONLY REGISTRATION FEE		SION: Trailer			TR	CLERK FEE ISSUANCE FEE			collected Indi	cated certifies t FEE	his form a	as a valid registration) TOTAL TAX COLLECTED		
79.75 COMPUTATION OF	SALES OR USE TA	x  s/	A TAX	roc	CAL TAX A	DDITIONAL T	AX AX	COLLE	12.00		5.50 ITY WHEEL TAX	-	.00 CITY STICKER FEE	
SALES TAX USE TA	ORGAN DONOR		POSTAG	E	VER	·	ID/RE	SIDENCY	VERIFICATION				TOTAL FEES COLLECTED	
an Port: WK	48/DR27/8020		sh· N	00	Check: 0	000	Check#		Credit: 0	00 Λ	uth#:	Cha	97.25 nae: 0.00 RDA	