



# OFFICIAL VEHICLE REGISTRATION

929097

**Vehicle Information**

VIN OR CURRENT TITLE NUMBER: **0480251** TRANSACTION CODE: **001** REGISTRATION ONLY NUMBER: \_\_\_\_\_

LEGAL STATUS: 1 (AND) 2 (OR)  ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) **4** MAO  ILU

OWNER NAME: **BOWMAN TRAILER LEASING LLC**

ADDRESS 1 (MAILING): **0233 GOVERNOR LN BLVD** ADDRESS 2 (PHYSICAL): \_\_\_\_\_

CITY: **VILLIAMSPORT** STATE: **MD** ZIP CODE: **21795**

PHONE: **HAMILTON 033** PURCHASE DATE: **06/29/2012** TELEPHONE #: **301 582 1793**

**Vehicle Information**

VEHICLE IDENTIFICATION NUMBER: **GRAA062X7T538990** MAKE: **GDAN** MODEL: **1GR** YEAR: **2007** BODY: **SE** TITLE BRAND - translation: \_\_\_\_\_ CODE: **U** TYPE OF FUEL - translation: \_\_\_\_\_ CODE: **9**

REGISTERED TITLE #: **4681128** STATE: **TN** PREVIOUS STATES TITLED: **TN** VEHICLE USE: **F** VEHICLE TYPE: **S** CURRENT MILEAGE: \_\_\_\_\_

ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9): **1**

COMPANY VEHICLE #: **929097**

**Title Information**

CLASS CODE/ISSUE YR(1)(3): **J380902** VALIDATION #(1): **8020/1994** COUNTY STICKER #(1): \_\_\_\_\_ CITY STICKER #(1)(2): \_\_\_\_\_ PLATE #(TRADE IN)(2): \_\_\_\_\_ CLASS CODE/ISSUE YR(2): \_\_\_\_\_ EXPIRATION DATE (1)(2)(3): **PERMANENT**

**Lien Information**

FIRST LIENHOLDER: **SUNTRUST BANK** LIEN DATE: **06/29/2012**

ADDRESS: **120 E BALTIMORE ST 25 FL** CITY: **BALTIMORE** STATE: **MD** ZIP CODE: **21202**

**Owner / Registrant Information**

LEGAL STATUS:  NAME CODE:  MAO:  ILU:

NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**Vehicle Cost / Tax Information**

TRADE IN ALLOWANCE: \_\_\_\_\_ TAXABLE AMOUNT: \_\_\_\_\_ SALESTAX PAID: \_\_\_\_\_ TAX EXEMPTION REASON / SALES TAX #: \_\_\_\_\_

DEALER NAME: \_\_\_\_\_ DEALER ADDRESS: \_\_\_\_\_ DEALER #: \_\_\_\_\_

**Vehicle Condition**

LOST  STOLEN  MUTILATED  RTND DUE TO NON DELIEVERY  ALTERED  ILLEGIBLE

**Certification**

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 to assignees to determine the accuracy of the information provided by me or on my behalf.

NATURE OF CERTIFIER/OWNER: \_\_\_\_\_ POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE): \_\_\_\_\_ DATE: **08/29/2012**

**Registration Fees**

COUNTY NAME: **HAMILTON** COUNTY NUMBER: **33** DATE OF APPLICATION: **08/29/2012** BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK): **W.F. (BILL) KNOWLES** HJC27

ISSUANCE FEE: **12.00** TITLE FEE: **5.50** TOTAL TAX COLLECTED: **.00**

SALES TAX:  USE TAX:  SALES TAX:  CITY STICKER FEE: \_\_\_\_\_

TOTAL FEES COLLECTED: **97.25**