



OFFICIAL VEHICLE REGISTRATION

964870

City Stickers:

NEW OR CURRENT TITLE NUMBER 84200014	TRANSACTION CODE 001	REGISTRATION ONLY NUMBER
------------------------------------------------	--------------------------------	--------------------------

OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTERS) 5		MAO <input checked="" type="checkbox"/> N	ILU <input checked="" type="checkbox"/> N
LAST NAME BOWMAN SALES AND EQUIPMENT INC	FIRST NAME 	MIDDLE INITIAL 	LAST NAME
ADDRESS 1 (MAILING) PO BOX 433 % 10233 GOVENOR LN BLVD		ADDRESS 2 (PHYSICAL) 	
CITY WILLIAMSPORT	STATE MD	ZIP CODE 21795	CITY
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 06/30/2011	*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 301 582 1793
*PLACARD/HEARING IMPAIRED CLS/YR 		*INSURANCE POLICY # 	

VIN 1JJV532W0XL581784	MAKE WABA	MODEL DVC	YEAR 1999	BODY SE	TITLE BRAND - list the appropriate code (N)NEW (U)USED (D)DEMO (B)PARTS ONLY (1)RECONSTRUCTED VEHICLE (2)FLOOD DAMAGE (3)SPECIALLY CONSTRUCTED	CODE U	TYPE OF FUEL - list the appropriate code GAS (1) DIESEL (2) ELECTRIC/HYBRID (3) PROPANE (4)	CODE 9
SURRENDERED TITLE # 69890334	STATE TN	PREVIOUS STATES TITLED OK	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE 	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE 1	
COLOR CODE (enter appropriate code)* UPPER O LOWER 	MOBILE HOME LGTH WIDTH 	# AXLES 	GROSS VEHICLE WEIGHT 	*VEHICLE TRADE-IN DESCRIPTION 	COMPANY VEHICLE # 964870			

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE #(1) U335164	CLASSCODE/ISSUEYR(1)(3) 8020/1994	VALIDATION #(1) 	COUNTY STICKER #(1) 	CITY STICKER #(1)(2) 	*PLATE #(TRADE IN)(2) 	CLASS CODE/ISSUE YR(2) 	EXPIRATION DATE (1)(2)(3) PERMANENT
TDR STICKER #(4) 	TEMP OPERATOR PERMIT #(3) 	# OF SEATS(5) 	ZONE(COUNTY NAME)(6) 	USDOT / REGISTRANT #(7) 	MOTOR CARRIER #(8) 		

LIEN INFORMATION (if lien present)			
LIEN CODE 	FIRST LIENHOLDER SUNTRUST BANK	LIEN DATE 06/30/2011	
STREET 120 E BALTIMORE 25TH FL		CITY BALTIMORE	STATE MD
ZIP CODE 21202		SECOND LIENHOLDER 	
STREET 		CITY 	STATE
ZIP CODE 		LIEN DATE 	

*LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE)	LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	ILU <input type="checkbox"/>
NAME 	NAME 		NAME 	
ADDRESS 	CITY 	STATE 	ZIP CODE 	

VEHICLE COST / TAX INFORMATION *(required 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 flexible or altered Certificate of Title)				
<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTN'D DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED
				<input type="checkbox"/> ILLEGIBLE

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 01/03/2012
-----------------------------------------	------------------------------------------------------------------	---------------------------

INVOICE NUMBER 12003 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 01/03/2012	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W.F. (BILL) KNOWLES	KAR46
OFFICE USE ONLY REGISTRATION FEE 79.75	CREDIT 	LEASE FEE 	TRANS FEE 	CLERK FEE 	(total fees collected indicated certifies this form as a valid registration) ISSUANCE FEE 12.00
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX 	SA TAX 	LOCAL TAX 	ADDITIONAL TAX 	TITLE FEE 5.50
*SERVICE OPT FEE 	ORGAN DONOR 	POSTAGE 	VER 	ID / RESIDENCY VERIFICATION 	TOTAL TAX COLLECTED .00
					TOTAL FEES COLLECTED 97.25