



OFFICIAL VEHICLE REGISTRATION

966415

City Stickers:

NEW OR CURRENT TITLE NUMBER 84199931	TRANSACTION CODE 001	REGISTRATION ONLY NUMBER
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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"/> ILU <input checked="" type="checkbox"/>					
LAST NAME BOWMAN SALES AND EQUIPMENT INC			FIRST NAME MIDDLE INITIAL		
ADDRESS 1 (MAILING) PO BOX 433 % 10233 GOVENOR LN BLVD			ADDRESS 2 (PHYSICAL)		
CITY WILLIAMSPORT		STATE MD	ZIP CODE 21795	CITY STATE	
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033		PURCHASE DATE 06/30/2011	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # 301 582 1793	*PLACARD/HEARING IMPAIRED CLS/YR *INSURANCE POLICY #

VEHICLE INFORMATION										
VIN 1JJV532W8XL583329	MAKE WABA	MODEL 1JJ	YEAR 1999	BODY SE	TITLE BRAND - list the appropriate code (N)NEW (1)RECONSTRUCTED VEHICLE (U)USED (2)FLOOD DAMAGE (D)DEMO (3)SPECIALLY CONSTRUCTED (8)PARTS ONLY	CODE U	TYPE OF FUEL - list the appropriate code GAS (1) ELECTRIC/HYBRID (3) DIESEL (2) PROPANE (4)			CODE 9
SURRENDERED TITLE # 69899940	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	MOBILE HOME LGTH WDTH	# OF AXLES	GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION			COMPANY VEHICLE # 966415		

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS										
PLATE #(1) U335078	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			
TOR 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			
LIEN CODE	SECOND LIENHOLDER						LIEN DATE			
STREET			CITY			STATE	ZIP CODE			

*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					
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 #				

<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
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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
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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			HJC27
OFFICE USE ONLY EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration)							
REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE 12.00	TITLE FEE 5.50	TOTAL TAX COLLECTED .00
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY STICKER FEE
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED 97.25		