



OFFICIAL VEHICLE REGISTRATION

970345

City Stickers:

NEW OR CURRENT TITLE NUMBER: **30473938** TRANSACTION CODE: **001** REGISTRATION ONLY NUMBER: _____

OWNER INFORMATION *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): **10233 GOVERNOR LN BLVD**

ADDRESS 2 (PHYSICAL): _____

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

PLACARD/HEARING IMPAIRED CLS/YR: _____ *INSURANCE POLICY #: _____

TELEPHONE #: **301 582 1793**

VEHICLE INFORMATION

VIN: **1JVV532W38L114019** MAKE: **WABA** MODEL: **1JJ** YEAR: **2008** BODY: **SE** TITLE BRAND - translation: _____ CODE: **U** TYPE OF FUEL - translation: _____ CODE: **9**

PREVIOUS STATES TITLED: **TN 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): _____ CODE: **1**

GROSS VEHICLE WEIGHT: _____ *VEHICLE TRADE-IN DESCRIPTION: _____ COMPANY VEHICLE #: **970345**

SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

CLASS CODE/ISSUE YR(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**

TEMP OPERATOR PERMIT #(3): _____ # OF SEATS(5): _____ ZONE(COUNTY NAME)(6): _____ USDOT / REGISTRANT #(7): _____ MOTOR CARRIER #(8): _____

LIEN INFORMATION (if lien present)

LIEN HOLDER: **SUNTRUST BANK** CITY: _____ STATE: _____ ZIP CODE: _____ LIEN DATE: **06/29/2012**

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

REGISTRANT INFORMATION (OWNER OF PLATE)

LEGAL STATUS: NAME CODE: MAO: ILU:

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)

VEHICLE PRICE: _____ TRADE IN ALLOWANCE: _____ TAXABLE AMOUNT: _____ SALESTAX PAID: _____ *TAX EXEMPTION REASON / SALES TAX #: _____

VEHICLE CONDITION

LOST STOLEN MUTILATED RTND DUE TO NON DELIVERY ALTERED ILLEGIBLE

NATURE OF CERTIFIER/OWNER: _____ POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE): _____ DATE: **08/09/2012**

COUNTY NAME: **HAMILTON** COUNTY NUMBER: **33** DATE OF APPLICATION: **08/09/2012** BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK): **W.F. (BILL) KNOWLES** HJC27

REGISTRATION FEE: **9.75** CREDIT: _____ LEASE FEE: _____ TRANS FEE: _____ CLERK FEE: _____ ISSUANCE FEE: **12.00** TITLE FEE: **5.50** TOTAL TAX COLLECTED: **.00**

SALES TAX: USE TAX: _____ SALES OR USE TAX: _____ SA TAX: _____ LOCAL TAX: _____ ADDITIONAL TAX: _____ COLLECTED IN STATE OF: _____ COUNTY WHEEL TAX: _____ CITY STICKER FEE: _____

ORGAN DONOR: _____ POSTAGE: _____ VER: _____ ID / RESIDENCY VERIFICATION: _____ *TOTAL FEES COLLECTED: **97.25**