



OFFICIAL VEHICLE REGISTRATION

970346

Vehicle Stickers:

WORK OR CURRENT TITLE NUMBER: **30473940** 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: **WILLIAMSPORT** STATE: **MD** ZIP CODE: **21795**

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

VEHICLE INFORMATION

VIN: **1JVV532WX8L114020** MAKE: **WABA** MODEL: **1JJ** YEAR: **2008** BODY: **SE** TITLE BRAND: _____ CODE: **U** TYPE OF FUEL: _____ CODE: **9**

REGISTERED TITLE #: **74694296** STATE: **TN** PREVIOUS STATES TITLED: **TN** VEHICLE USE: **F** VEHICLE TYPE: **S** CURRENT MILEAGE: _____

VEHICLE TRADE-IN DESCRIPTION: _____ COMPANY VEHICLE #: **970346**

STATE INFORMATION *required for Title and Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

CLASS CODE/ISSUE YR(1)(3): **J361661** 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**

FINANCIAL INFORMATION (If lien present)

FINANCIAL INSTITUTION: **SUNTRUST BANK** CITY: _____ STATE: _____ ZIP CODE: _____

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 RTN'D 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 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: **08/09/2012**

OFFICE NUMBER: **12222 @** COUNTY NAME: **HAMILTON** CO NUMBER: **33** DATE OF APPLICATION: **08/09/2012** BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK): **W.F. (BILL) KNOWLES** HJC27

REGISTRATION FEE: **79.75** CREDIT: _____ LEASE FEE: _____ TRANS FEE: _____ CLERK FEE: _____ ISSUANCE FEE: **12.00** TITLE FEE: **5.50** TOTAL TAX COLLECTED: **.00**

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

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