



TENNESSEE DEPARTMENT OF REVENUE
VEHICLE TAXPAYER SERVICES DIVISION
MULTI-PURPOSE APPLICATION
OFFICIAL VEHICLE REGISTRATION



City Stickers:

NEW OR CURRENT TITLE NUMBER 90472188	TRANSACTION CODE 004	REGISTRATION ONLY NUMBER 3325593	STATE
--	--------------------------------	--	-------

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) 4 MAO <input checked="" type="checkbox"/> N ILU <input checked="" type="checkbox"/> N							
LAST NAME BOWMAN TRAILER LEASING		FIRST NAME MIDDLE INITIAL		LAST NAME FIRST NAME		MIDDLE INITIAL	
ADDRESS 1 (MAILING) 10233 GOVERNOR 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 06/29/2012		*LEASED <input checked="" type="checkbox"/> 0 *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS		TELEPHONE # 301 582 1793	
				*PLACARD/HEARING IMPAIRED CLS/YR		*INSURANCE POLICY #	

VIN 1GRAA06205J604908		MAKE GDAN		MODEL 1GR		YEAR 2005		BODY SE		TITLE BRAND - translation USED		CODE U		TYPE OF FUEL - translation		CODE 9	
SURRENDERED TITLE #		STATE TN		PREVIOUS STATES TITLED ME		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 (8)		CODE 1			
COLOR CODE (enter appropriate code)* UPPER O		MOBILE HOME LGTH WDTH		# AXLES		GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # 973148							

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS															
PLATE # (1) U555797		CLASS CODE/ISSUE YR (1)(3) 8020/1994		VALIDATION # (1)		COUNTY STICKER # (1)		CITY STICKER # (1)(2)		*PLATE # (TRADE IN) (2) U361733		CLASS CODE/ISSUE YR (2) 8020 1994		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
STREET	
CITY	
STATE	
ZIP CODE	
LIEN CODE	SECOND LIENHOLDER
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		SALE TAX PAID		*TAX EXEMPTION REASON / SALES TAX #	
DEALER NAME		DEALER ADDRESS		DEALER #					

*Required for Duplicate Title - T.C.A. 55-3-115 (submit illegible 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 12/16/2014
------------------------------	--	---------------------------

INVOICE NUMBER 14350 @		COUNTY NAME HAMILTON		CO NUMBER 33		DATE OF APPLICATION 12/16/2014		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES		PBK14	
OFFICE USE ONLY EMISSION: NOT APPLICABLE (total fees collected indicated certifies this form as a valid registration)											
REGISTRATION FEE		CREDIT		LEASE FEE		TRANS FEE 11.75		CLERK FEE 2.50		TITLE FEE .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	
*SERVICE OPT FEE		ORGAN DONOR		POSTAGE		VER		ID / RESIDENCY VERIFICATION		*TOTAL FEES COLLECTED 14.25	