



# OFFICIAL VEHICLE REGISTRATION

975817

**City Stickers:**

VEHICLE OR CURRENT TITLE NUMBER <b>0492838</b>	TRANSACTION CODE <b>001</b>	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) <b>4</b>		MAO <input checked="" type="checkbox"/> <b>N</b>	ILU <input checked="" type="checkbox"/> <b>N</b>
OWNER NAME <b>LOWMAN TRAILER LEASING LLC</b>	FIRST NAME <b>LOWMAN</b>	MIDDLE INITIAL	LAST NAME <b>TRAILER LEASING LLC</b>
ADDRESS 1 (MAILING) <b>0233 GOVERNOR LN BLVD</b>		ADDRESS 2 (PHYSICAL)	
STATE <b>MD</b>	ZIP CODE <b>21795</b>	CITY	STATE <b>MD</b>
RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>06/29/2012</b>	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # <b>301 582 1793</b>
		*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #

VEHICLE INFORMATION	MAKE <b>WABA</b>	MODEL <b>1JJ</b>	YEAR <b>2007</b>	BODY <b>SE</b>	TITLE BRAND - translation <b>USED</b>	CODE <b>U</b>	TYPE OF FUEL - translation	CODE <b>9</b>
REGISTERED TITLE # <b>4681592</b>	STATE <b>TN</b>	PREVIOUS STATES TITLED <b>TN</b>	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE	ODOMETER ACTUAL (8) NOT ACTUAL (9) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE <b>1</b>	
VEHICLE OR CODE (enter appropriate code) LOWER	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # <b>975817</b>		

TITLE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS								
CLASS CODE/ISSUE YR(1)(3) <b>J399014</b>	VALIDATION #(1) <b>8020/1994</b>	COUNTY STICKER #(1)	CITY STICKER #(1)(2)	*PLATE #(TRADE IN)(2)	CLASS CODE/ISSUE YR(2)	EXPIRATION DATE (1)(2)(3) <b>PERMANENT</b>		
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 <b>SUNTRUST BANK</b>	LIEN DATE <b>06/29/2012</b>	
LIEN STREET	<b>120 E BALTIMORE ST 25 FL</b>	CITY <b>BALTIMORE</b>	STATE <b>MD</b>
LIEN ZIP CODE	<b>21202</b>	LIEN DATE	
LIEN CODE	SECOND LIENHOLDER	LIEN DATE	
LIEN STREET		CITY	STATE
LIEN ZIP CODE		LIEN DATE	

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

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)				
NET PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALES TAX PAID	*TAX EXEMPTION REASON / SALES TAX #
DEALER NAME		DEALER ADDRESS	DEALER #	

Required for Duplicate Title - T.C.A. 55-9-115 (submit floppable 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

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 assignees to determine the accuracy of the information provided by me or on my behalf.		POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)	DATE <b>10/09/2012</b>
NATURE OF CERTIFIER/OWNER			

COUNTY NUMBER <b>12283 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>10/09/2012</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>	<b>KAR46</b>
VEHICLE USE ONLY <b>EMISSION: Trailer</b> (total fees collected indicated certifies this form as a valid registration)					
REGISTRATION FEE <b>\$9.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE <b>12.00</b>
COMPUTATION OF SALES TAX <input type="checkbox"/> USE TAX		SA TAX	LOCAL TAX	ADDITIONAL TAX	TITLE FEE <b>5.50</b>
SALES TAX OPT FEE		ORGAN DONOR	POSTAGE	VER	TOTAL TAX COLLECTED <b>.00</b>
		POSTAGE	VER	ID / RESIDENCY VERIFICATION	TOTAL FEES COLLECTED <b>97.25</b>