



# OFFICIAL VEHICLE REGISTRATION

975824

**Vehicle Stickers:**  
 V OR CURRENT TITLE NUMBER: **10492849** TRANSACTION CODE: **001** REGISTRATION ONLY NUMBER: **975824**

**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): 0233 GOVERNOR LN BLVD  
 ADDRESS 2 (PHYSICAL):  
 STATE: MD ZIP CODE: 21795 CITY: WILLIAMSPORT STATE: ZIP CODE:  
 PURCHASE DATE: 06/29/2012 TELEPHONE #: 301 582 1793  
 \*PLACARD/HEARING IMPAIRED CLSYR: \*INSURANCE POLICY #:

**VEHICLE INFORMATION:**

VEHICLE IDENTIFICATION NUMBER: **JJV532W77L095215** MAKE: **WABA** MODEL: **1JJ** YEAR: **2007** BODY: **SE** TITLE BRAND - translation: **USED** CODE: **U** TYPE OF FUEL - translation: CODE: **9**

REGISTERED TITLE #: **4681599** STATE: **TN TN** PREVIOUS STATES TITLED: VEHICLE USE: **F** VEHICLE TYPE: **S** CURRENT MILEAGE: ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 18,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9): CODE: **1**

OR CODE (enter appropriate code) \* LOWER: MOBILE HOME LGTH: WIDTH: # AXLES: GROSS VEHICLE WEIGHT: \*VEHICLE TRADE-IN DESCRIPTION: COMPANY VEHICLE #: **975824**

**PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS**

PLATE # (1): **J399021** 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**

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: **06/29/2012**

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

LIEN CODE: SECOND LIENHOLDER: LIEN DATE:

REET: CITY: STATE: ZIP CODE:

**REGISTRANT INFORMATION (OWNER OF PLATE)** LEGAL STATUS:  NAME CODE:  MAO:  ILU:

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. 55-3-115 (submit illegible or altered Certificate of Title)**

LOST  STOLEN  MUTILATED  RTND DUE TO NON DELIVERY  ALTERED  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 to assignees to determine the accuracy of the information provided by me or on my behalf.

NATURE OF CERTIFIER/OWNER: POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE): DATE: **10/09/2012**

**REGISTRATION INFORMATION:** LICENSE NUMBER: **12283 @** COUNTY NAME: **HAMILTON** CO NUMBER: **33** DATE OF APPLICATION: **10/09/2012** BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK): **W.F. (BILL) KNOWLES** KAR46

**REGISTRATION FEES:** 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 SALES TAX: SALES TAX: SA TAX: LOCAL TAX: ADDITIONAL TAX: COLLECTED IN STATE OF: COUNTY WHEEL TAX: CITY STICKER FEE:

SALES TAX:  USE TAX: SERVICE OPT FEE: ORGAN DONOR: POSTAGE: VER: ID / RESIDENCY VERIFICATION: \*TOTAL FEES COLLECTED: **97.25**