



OFFICIAL VEHICLE REGISTRATION

975834

City Stickers:

VEHICLE OR CURRENT TITLE NUMBER <b>10492863</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>BOWMAN TRAILER LEASING LLC</b>	FIRST NAME <b>BOWMAN</b>	MIDDLE INITIAL

ADDRESS 1 (MAILING) <b>0233 GOVERNOR LN BLVD</b>	ADDRESS 2 (PHYSICAL)
CITY <b>WILLIAMSPORT</b>	STATE <b>MD</b>
ZIP CODE <b>21795</b>	

DATE OF RESIDENCE/PRINCIPAL BUS OR INCDORP 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 #
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VEHICLE IDENTIFICATION NUMBER <b>JJV532WX7L095225</b>	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>
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REGISTERED TITLE # <b>4681609</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 (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 18,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE <b>1</b>
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VEHICLE OR CODE (enter appropriate code) LOWER	MOBILE HOME LGTH	WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # <b>975834</b>
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PLATE INFORMATION \*required for Title and Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

PLATE # (1) <b>J399031</b>	CLASS CODE/ISSUE YR (1)(3) <b>8020/1994</b>	VALIDATION # (1)	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 #	ADDRESS <b>120 E BALTIMORE ST 25 FL</b>	CITY <b>BALTIMORE</b>
	STATE <b>MD</b>	ZIP CODE <b>21202</b>
LIEN CODE	SECOND LIENHOLDER	LIEN DATE
LIEN #	ADDRESS	CITY
	STATE	ZIP CODE

REGISTRANT INFORMATION (OWNER OF PLATE)

REGISTRANT NAME <b>W.F. (BILL) KNOWLES</b>	LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	ILU <input type="checkbox"/>
ADDRESS	CITY	STATE	ZIP CODE	

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

NET PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX PAID	TAX EXEMPTION REASON / SALES TAX #
DEALER NAME	DEALER ADDRESS	DEALER #		

VEHICLE CONDITION \*required for Duplicate Title - T.C.A. 55-3-115 (submit if flexible 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
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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 assign 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 <b>10/09/2012</b>
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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>
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REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>	TOTAL TAX COLLECTED <b>.00</b>
SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY STICKER FEE
SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	TOTAL FEES COLLECTED <b>97.25</b>		