



OFFICIAL VEHICLE REGISTRATION

975877

by Stickers:
OR CURRENT TITLE NUMBER: **3492460** 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

NAME: **OWMAN TRAILER LEASING LLC**

ADDRESS 1 (MAILING): **0233 GOVERNOR LN BLVD** ADDRESS 2 (PHYSICAL): _____

STATE: **MD** ZIP CODE: **21795** CITY: _____ STATE: _____ ZIP CODE: _____

RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION: **HAMILTON 033** PURCHASE DATE: **06/29/2012** TELEPHONE #: **301-582-1793**

*LEASED *SERVICE OPTIONS *PLACARD/HEARING IMPAIRED CLS/YR: _____ *INSURANCE POLICY #: _____

VEHICLE INFORMATION

IDENTIFICATION NUMBER: **JJV532W67L095268** MAKE: **WABA** MODEL: **1JJ** YEAR: **2007** BODY: **SE** TITLE BRAND - translation: **USED** CODE: **U** TYPE OF FUEL - translation: _____ CODE: **9**

PREVIOUS TITLE #: **4681652** STATE: **TN** PREVIOUS STATES TITLED: **TN** VEHICLE USE: **F** VEHICLE TYPE: **S** CURRENT MILEAGE: _____

ODOMETER ACTUAL (8) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9): _____ CODE: **1**

VEHICLE TRADE-IN DESCRIPTION: _____ COMPANY VEHICLE #: **975877**

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

PLATE # (1): **398903** 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**

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

SECOND LIENHOLDER: _____ LIEN DATE: _____

REGISTRANT INFORMATION (OWNER OF PLATE)

LEGAL STATUS: NAME CODE: MAO: ILU:

NAME: _____ 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 RTN'D DUE TO NON DELIVERY ALTERED ILLEGIBLE

I, _____, certify that the 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: **10/08/2012**

REGISTRATION INFORMATION

COUNTY NAME: **HAMILTON** COUNTY NUMBER: **33** DATE OF APPLICATION: **10/08/2012** 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**

SALES OR USE 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**