



# OFFICIAL VEHICLE REGISTRATION

975891

**ty Stickers:**  
 OR CURRENT TITLE NUMBER: **0492881** TRANSACTION CODE: **001** REGISTRATION ONLY NUMBER: \_\_\_\_\_

ENTER 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: MAKE: **WABA** MODEL: **1JJ** YEAR: **2007** BODY: **SE** TITLE BRAND - translation: **USED** CODE: **U** TYPE OF FUEL - translation: \_\_\_\_\_ CODE: **9**

REGISTERED TITLE #: **4681666** STATE: **TN** PREVIOUS STATES TITLED: **TN** VEHICLE USE: **F** VEHICLE TYPE: **S** CURRENT MILEAGE: \_\_\_\_\_  
 ODOMETER ACTUAL (8) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 15,000 LBS (1) 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 #: **975891**

VEHICLE INFORMATION \* (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS  
 CLASS CODE/ISSUE YR(1)(3): **I399043 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**  
 STREET: **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: \_\_\_\_\_  
 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 legible or altered Certificate of Title)  
 LOST  STOLEN  MUTILATED  RT'ND DUE TO NON DELIVERY  ALTERED  ILLEGIBLE

or 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 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: **10/09/2012**

OFFICE 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  
 FEE USE ONLY EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration)  
 REGISTRATION FEE: **9.75** CREDIT: \_\_\_\_\_ LEASE FEE: \_\_\_\_\_ TRANS FEE: \_\_\_\_\_ CLERK FEE: \_\_\_\_\_ ISSUANCE FEE: **12.00** TITLE FEE: **5.50** TOTAL TAX COLLECTED: **.00**  
 SALES TAX  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: **97.25**