



OFFICIAL VEHICLE REGISTRATION

975963

Vehicle Stickers:
 VEHICLE OR CURRENT TITLE NUMBER: **0492901** 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

OWNER NAME: FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

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

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

OFFICE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION: **HAMILTON 033** **PURCHASE DATE:** **06/29/2012** **TELEPHONE #:** **301 582 1793** *PLACARD/HEARING IMPAIRED CLS/YR: _____ *INSURANCE POLICY #: _____

*LEASED *SERVICE OPTIONS SEE REVERSE SIDE FOR INSTRUCTIONS

VEHICLE INFORMATION:

VEHICLE IDENTIFICATION NUMBER (VIN): **JJV532W77L095294** **MAKE:** **WABA** **MODEL:** **1JJ** **YEAR:** **2007** **BODY:** **SE** **TITLE BRAND - translation:** **USED** **CODE:** **U** **TYPE OF FUEL - translation:** _____ **CODE:** **9**

TRANSFERRED TITLE #: **4681678** **STATE:** **TN** **PREVIOUS STATES TITLED:** **TN** **VEHICLE USE:** **F** **VEHICLE TYPE:** **S** **CURRENT MILEAGE:** _____ **ODOMETER ACTUAL (a) NOT ACTUAL (b) INDICATOR OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (2):** _____ **CODE:** **1**

VEHICLE OR CODE (enter appropriate code): _____ **MOBILE HOME LGTH:** _____ **WIDTH:** _____ **# AXLES:** _____ **GROSS VEHICLE WEIGHT:** _____ **VEHICLE TRADE-IN DESCRIPTION:** _____ **COMPANY VEHICLE #:** **975903**

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

PLATE # (1): **J399055** **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 # (1): _____ **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:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

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

REGISTRANT NAME: _____ **NAME:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

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

VEHICLE 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 flexible or altered Certificate of Title)

LOST STOLEN MUTILATED RTND DUE TO NON DELIEVERY 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 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**

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**

VEHICLE USE ONLY: **EMISSION: Trailer** (total fees collected indicated certifies this form as a valid registration)

REGISTRATION FEE: **19.75** **CREDIT:** _____ **LEASE FEE:** _____ **TRANS FEE:** _____ **CLERK FEE:** _____ **ISSUANCE FEE:** **12.00** **TITLE FEE:** **5.50** **TOTAL TAX COLLECTED:** **.00**

COMPUTATION OF: **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**