



035853

Vehicle Stickers:
 V OR CURRENT TITLE NUMBER: **10474887** TRANSACTION CODE: **N01** 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: **30WMAN TRAILER LEASING LLC**
 FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

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

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

TELEPHONE #: **301 582 1793** *PLACARD/HEARING IMPAIRED CLS/YR: _____ *INSURANCE POLICY #: _____

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER (VIN): **1NNVA5323XM315876**
 MAKE: **MONN** MODEL: **1NN** YEAR: **1999** BODY: **SE** TITLE BRAND - translation: _____ CODE: **Z** TYPE OF FUEL - translation: _____ CODE: **9**

REGISTERED TITLE #: **1902876862**
 STATE: **OR** PREVIOUS STATES TITLED: _____ VEHICLE USE: **F** VEHICLE TYPE: **S** CURRENT MILEAGE: _____ ODOMETER ACTUAL (0) 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 #: **035853**

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

PLATE #: **J362475** 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**

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** CITY: _____ STATE: **MD** ZIP CODE: **21202** LIEN DATE: **06/29/2012**

ADDRESS: **120 E BALTIMORE ST 25 FL**

SECOND LIENHOLDER: _____ CITY: _____ STATE: _____ ZIP CODE: _____

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)

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 assign to determine the accuracy of the information provided by me or on my behalf.

SIGNATURE OF CERTIFIER/OWNER: _____ POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE): _____ DATE: **08/13/2012**

OFFICE NUMBER **COUNTY NAME** **CO NUMBER** **DATE OF APPLICATION** **BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)**

12226 @ **HAMILTON** **33** **08/13/2012** **W.F. (BILL) KNOWLES** **HJC27**

REGISTRATION FEE **EMISSION: Trailer** (total fees collected indicated certifies this form as a valid registration)

79.75 **79.75** **0.00** **0.00** **12.00** **5.50** **.00**

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

SALES TAX **USE TAX** **POSTAGE** **VER** **ID / RESIDENCY VERIFICATION** ***TOTAL FEES COLLECTED**

97.25