



OFFICIAL VEHICLE REGISTRATION

036923

by Stickers:
OR CURRENT TITLE NUMBER: **0489401** 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: **OWMAN TRAILER LEASING LLC**

ADDRESS 1 (MAILING): **0233 GOVERNOR LN BLVD** ADDRESS 2 (PHYSICAL): _____
STATE: **MD** ZIP CODE: **21795** CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: **301 582 1793** *PLACARD/HEARING IMPAIRED CLS/YR: _____ *INSURANCE POLICY #: _____
PURCHASE DATE: **06/29/2012** *LEASED *SERVICE OPTIONS

VEHICLE IDENTIFICATION NUMBER (VIN): **H3V532C0XT033693** MAKE: **HYTR** MODEL: **3H3** YEAR: **1999** BODY: **SE** TITLE BRAND - translation: **USED** CODE: **U** TYPE OF FUEL - translation: _____ CODE: **9**

REGISTERED TITLE #: **A42100591** STATE: **CA** 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 CODE (enter appropriate code)*: _____ MOBILE HOME LGTH: _____ WIDTH: _____ # AXLES: _____ GROSS VEHICLE WEIGHT: _____ *VEHICLE TRADE-IN DESCRIPTION: _____ COMPANY VEHICLE #: **036923**

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS
PLATE # (1): **1383904** CLASSCODE/ISSUEYR(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)
CODE: _____ FIRST LIENHOLDER: **SUNTRUST BANK** LIEN DATE: **06/29/2012**

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

CODE: _____ SECOND LIENHOLDER: _____ LIEN DATE: _____

EET: _____ CITY: _____ STATE: _____ ZIP CODE: _____

SEE / 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 illegible or altered Certificate of Title)
 LOST STOLEN MUTILATED RTN'D DUE TO NON DELIEVERY 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 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: **09/26/2012**

OFFICE NUMBER: **2270 @** COUNTY NAME: **HAMILTON** CO NUMBER: **33** DATE OF APPLICATION: **09/26/2012** BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK): **W.F. (BILL) KNOWLES** HJC27

VEHICLE 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**

APPORTIONMENT OF SALES TAX: 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**