## TENNESSEE DEPARTMENT OF REVENUE VEHICLE TAXPAYER SERVICES DIVISION MULTI-PURPOSE APPLICATION

## OFFICIAL VEHICLE REGISTRATION

City Stickers:							040/23			
NEW OR CURRENT TITLE NUMBER 90511425			TR	ANSACTION ODE OD1	REGISTI	RATION ONLY NUMBER				
OWNER INFORMATION *LEGAL STATUS: 1 (AND): LAST NAME  BOWMAN TRAILER LEAS	FIRST WAINE	NAME CODE IN BO	OX 1 (SAME	E) 2(DIFFEREN	T) 3(MULTIPLE LAST LAST NAME	NAMES) 4(COMPANY)	5(OVER 28 CHARACT FIRST NAME	rens) 4	MAO N ILU MIDDLE INITIA	-
ADDRESS 1 (MAILING)  10233 GOVERNOR LN BL	VD				ADDRESS 2 (PHYSIC	CAL)			*****************	
WILLIAMSPORT ME					CITY		S	TATE	ZIP CODE	
HAMILTON 033	PURCHASE DATE 12/14/201	12 LEASED SEE REVER	O -SERV	VICE OPTIONS	301-5	**************************************	ARD/HEARING IMPAIR	RED CLS/YR	*INSURANCE POLICY	#
VEHICLE INFORMATION VIN	MAKE	MODEL	YEAR	BODY	TITLE BRAND - tran	slation	CODE	TYPE OF FU	EL - translation	CODE
1PT01JAH3X6012156	TRIM	01J	1999	SE	USED		U			9
SURRENDERED TITLE # STATE PRE  11655630 ME				VEHICLE US	VEHICLE TYPE	CURRENT MILEA	GE ODOMETER INDICATOR (List one)	INDICATOR OVER 10 YRS / 16,000 LBS (1)		CODE 1
COLOR CODE (enter appropriate code)* UPPER LOWER  MOBILE H	# AXLES					DESCRIPTION COMPANY VEHICLE # 040123				
PLATE INFORMATION *(required for Title and Regist) PLATE #(1) CLASSCODE/ISSUEYR(1)			ns) SEE REV			RUCTIONS *PLATE #(TRADE IN)(2)	CLASS CODE/	ISSUE YR(2)	EXPIRATION DATE	
U401875 8020/199 TDR STICKER #(4) TEMP OPERATOR PR		OF SEATS(5)	ZONE(CO	UNTY NAME)(6	s) U:	SDOT / REGISTRANT #(	7)	MO	PERMA FOR CARRIER #(8)	ANENT
STREET  120 E BALTIMORE ST 25 FL  LIEN CODE  SECOND LIENHOLDER  STREET  CITY  CITY							STATE ZIP CODE 21202 LIEN DATE ZIP CODE STATE ZIP CODE			
*LESSEE / REGISTRANT INFORMATION(OWNER ON NAME	OF PLATE)	LEGAL STA	TUS	NAME C	ODE NAME	MAO ILU I				
ADDRESS CITY							ST	ATE	ZIP CODE	n e
VEHICLE COST / TAX INFORMATION *(required for SALE PRICE TRADE IN A	Title & Registration T	Transactions)	TAXA	BLE AMOUNT		SALESTAX PAID		TAX EXEN	MPTION REASON / SALES	S TAX #
DEALER NAME		DEALER	ADDRESS					DEALER#		
*Required for Duplicate Title - T.C.A. 55-3-115 (subm		MUTILATED			I'D DUE TO NON DEL		ALTERED		ILLEGIBLE	
	ion provided is true as	nd correct to the be	est of my kno	owledge, and a	cknowledge that it is n	ot the responsibility of the	Motor Vehicle Division	n		
Under penalties of perjury, I hereby certify all informat or its assignees to determine the accuracy of the infor SIGNATURE OF CERTIFIER/OWNER	mation provided by m	POW	ER OF ATT		ORIZED SIGNATURE			DATE	12/26/2012	2
SIGNATURE OF CERTIFIER/OWNER  INVOICE NUMBER COUNTY NAME  12361 @ HAMILT	ON	POW	UMBER 33	DATE OF AP		BY AUTHORITY OF	REGISTRAR OF MO	TOR VEHICLE	12/26/2012 S(COUNTY CLERK)	2 KAR46
SIGNATURE OF CERTIFIER/OWNER INVOICE NUMBER COUNTY NAME	ON Trailer	CON	UMBER 33	DATE OF AP	26/2012	W.F. (BILI		TOR VEHICLE S this form as a	12/26/2012 S(COUNTY CLERK)	