



OFFICIAL VEHICLE REGISTRATION

099424

Stickers:
 V OR CURRENT TITLE NUMBER: **0475562** 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: **BOWMAN TRAILER LEASING LLC**
 ADDRESS 1 (MAILING): **0233 GOVERNOR LN BLVD**
 ADDRESS 2 (PHYSICAL): _____
 CITY: **WILLIAMSPORT** STATE: **MD** ZIP CODE: **21795**
 CITY: _____ STATE: _____ ZIP CODE: _____

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

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER (VIN): **1PNV532B1YG314046** MAKE: **GDAN** MODEL: **1PN** YEAR: **2000** BODY: **SE** TITLE BRAND - translation: _____ CODE: **U** TYPE OF FUEL - translation: _____ CODE: **9**

PREVIOUS TITLE #: **0916589042** 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 OR CODE (enter appropriate code) *LOWER: _____ MOBILE HOME LGTH: _____ WIDTH: _____ # AXLES: _____ GROSS VEHICLE WEIGHT: _____ *VEHICLE TRADE-IN DESCRIPTION: _____ COMPANY VEHICLE #: **099424**

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

PLATE # (1): **J379735** 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 CODE: _____ FIRST LIENHOLDER: **SUNTRUST BANK** CITY: _____ STATE: **MD** ZIP CODE: **21202** LIEN DATE: **06/29/2012**

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

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

REGISTRANT / 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)

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 RT'ND DUE TO NON DELIVERY ALTERED ILLEGIBLE

I, the undersigned, under penalties of perjury, 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: **08/14/2012**

REGISTRATION INFORMATION

COUNTY NUMBER: **12227 @** COUNTY NAME: **HAMILTON** CO NUMBER: **33** DATE OF APPLICATION: **08/14/2012** BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK): **W.F. (BILL) KNOWLES** HJC27

REGISTRATION FEES (total fees collected indicated certifies this form as a valid registration)

REGISTRATION FEE	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE	TITLE FEE	TOTAL TAX COLLECTED
79.75					12.00	5.50	.00

SALES TAX: SALES TAX USE TAX SERVICE OPT FEE: _____ ORGAN DONOR: _____ POSTAGE: _____ VER: _____ ID / RESIDENCY VERIFICATION: _____ *TOTAL FEES COLLECTED: **97.25**