

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

OFFICIAL VEHICLE REGISTRATION



City Stickers:	STATE
NEW OR CURRENT TITLE NUMBER TRANSACTION CODE* REGISTRATION ONLY NUMBER	
97015265 N01	
OWNER INFORMATION "LEGAL STATUS: 1 (AND) 2 (0R) ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 COLAST NAME FIRST NAME	CHARACTERS) 5 MAO N ILU N RST NAME MIDDLE INITIAL
BOWMAN SALES AND EQUIPMENT INC	MIDDLE INTIAL
ADDRESS 1 (MAILING) ADDRESS 2 (PHYSICAL)	
10233 GOVERNOR LN BLVD	
CITY STATE ZIP CODE CITY WILLIAMSPORT MD 21795	STATE ZIP CODE
THAMILTON 033 PURCHASE DATE 08/10/2006 *LEASED 0 *SERVICE OPTIONS 240 772 5501 *LEASED 1 *PLACARD/HEARING** 240 772 5501	ING IMPAIRED CLS/YR *INSURANCE POLICY #
VEHICLE INFORMATION	
	CODE TYPE OF FUEL - translation CODE
1S12E9531YD454452 STRI 1S1 2000 SE USED	U 9
INC.	DOMETER ACTUAL (0) NOT ACTUAL (8) NDICATOR OVER 10 YRS / 16,000 LBS (1) List one) IN EXCESS OF MECHANICAL LIMITS (9)
11/48595 ME F S	1
OLOR CODE (enter appropriate code)* LOWER MOBILE HOME LOTH WDTH #AXLES GROSS VEHICLE WEIGHT *VEHICLE TRADE-IN DESCRIPTI	
	3613RT
PLATE INFORMATION '(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS PLATE #(1) CLASSCODE/ISSUEYR(1)(3) VALIDATION #(1) COUNTY STICKER #(1) CITY STICKER #(1)(2) *PLATE #(TRADE IN)(2) CLASS	SS CODE/ISSUE YR(2) EXPIRATION DATE (1)(2)(3)
U665990 8020/1994	PERMANENT
TDR 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	LIEN DATE
SUNTRUST BANK	
STREET CITY	07/16/2013 STATE ZIP CODE
120 E BALTIMORE ST 25 FL BALTIMORE	MD 21202
LIEN CODE SECOND LIENHOLDER	LIEN DATE
STREET CITY	STATE ZIP CODE
	STATE ZIF CODE
*LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE) LEGAL STATUS NAME CODE MAO ILU	
NAME NAME	
ADDRESS CITY	STATE ZIP CODE
VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions) TAXABLE AMOUNT SALESTAX PAID	*TAX EXEMPTION REASON / SALES TAX #
DEALER NAME DEALER ADDRESS	
	DEALER#
	DEALER#
	DEALER#
*Required for Duplicate Title - T.C.A. 55-3-115 (submit lilegible or altered Certificate of Title) LOST STOLEN MUTILATED RTN'D DUE TO NON DELIEVERY ALTERED Under 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 or its assignees to determine the accuracy of the information provided by me or on my behalf.	ILLEGIBLE
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