



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

OFFICIAL VEHICLE REGISTRATION



| City Stickers: | HIMBED | | | TR | ANSACTION | REG | ISTRATION ONLY | NUMBER | | | S | TATE |
|--|--|---|-------------------------------------|------------------------------------|-----------------|-----------------------------------|-----------------------|---------------|--|------------------|-------------------------|---|
| 94491213 | TOMBER | | | Ci | N01 | ,,,,, | | | | | | |
| OWNER INFORMATION *LE | GAL STATUS: 1 (AND) 2 | (QR) ENTER N | AME CODE IN | BOX 1 (SAM | E) 2(DIFFEREN | T) 3(MULTIPLE I | AST NAMES) 4(CC | OMPANY) 5(0 | IVER 28 CHARACTE | RS) 5 | MAO N ILU | |
| LAST NAME BOWMAN SAI | ES AND EO | THO THAT | | DDLE INITIAL | - | LAST NAME | | | FIRST NAME | | MIDDLE INITIAL | . 6 |
| ADDRESS 1 (MAILING) | LO AND LO | OII WEIVI II | | | | ADDRESS 2 (PH | YSICAL) | | | | | <u> </u> |
| 10233 GOVER | NOR LN BLV | 1700 | | | | | | | | TE | ZIP CODE | |
| WILLIAMSPORT | | MD 2 | | 21795 | | CITY | | | STA | | 178001 957507,7550 | |
| CHTY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033 | | | | | SERVICE OPTIONS | | | | RD/HEARING IMPAIRED CLS/YR | | *INSURANCE POLICY# | |
| VEHICLE INFORMATION | | 1 | | | , | | | | CODE | THE OF THE | | CODE |
| VIN | | MAKE | | | 0 65 | | - translation | nsiation | | TYPE OF FUEL | FUEL - translation CODE | |
| 1JJV532W1YL657692 SURRENDERED TITLE # | | WABA 1JJ 20 STATE PREVIOUS STATES TITLED | | 2000 | VEHICLE US | GGED | | NT MILEAGE | ODOMETER ACTUAL (0) NOT ACTUAL (8) | | T ACTUAL (8) | CODE |
| 12054793 | | ME | | | F | s | | | INDICATOR OVER 10 YRS (List one) IN EXCESS OF | | MECHANICAL LIMITS (8) | |
| COLOR CODE (enter appropria | | ОМЕ WOTH | # AXLES | GRO | OSS VEHICLE V | VEIGHT | *VEHICLE | TRADE-IN D | ESCRIPTION | С | COMPANY VEHICLE # | 42RT |
| 0 | | | | i> PEE BE | VEDEC CIDE E | OB COURS ETE | INSTRUCTIONS | | 50.00 | | 30 | 421(1 |
| | LASSCODE/ISSUEYR(1) | (3) VALIDATION | | UNTY STICK | ER #(1) CIT | Y STICKER #(1) | 2) *PLATE #(TRA | ADE IN)(2) | CLASS CODE/IS | SSUE YR(2) | EXPIRATION DATE PERMA | 1.0000000000000000000000000000000000000 |
| U547108 | 8020/199 | | OF SEATS(5) | ZONEICO | OUNTY NAME)(6 | | USDOT / REGIS | STRANT #(7) | | мото | DR CARRIER #(8) | AIVENI |
| TDR STICKER #(4) | TEMP OF EIGHTORY E | | 5, 02,10(e) | | | * | | • | | | | |
| LIEN INFORMATION (If lien | | | | | | | | | | | LIEN DA | TE |
| | NHOLDER UNTRUST BA | VNK | | | | | | | | | 07/16 | 5/2013 |
| STREET 120 E BALTIMORE ST 25 FL | | | | CITY BALTIMORE | | | | | STATE ZIP CODE MD 21202 | | | |
| | LIENHOLDER | 1 25 FL | | | | DAL | INIORE | | | WID . | LIEN DA | TE |
| | | | | | | | | | | | ZIP CODE | |
| STREET | | | | | 1.0 | CITY | | | STA | i E | ZIF CODE | |
| *LESSEE / REGISTRANT IN | FORMATION(OWNER C | OF PLATE) | LEGAL S | TATUS [| NAME | CODE | мао 🗌 | ILU 🔲 | 1000 | | | |
| NAME | | | | | | NAME | | | | | | |
| ADDRESS | | | | | CIT | Υ | | | STA | XTE . | ZIP CODE | |
| VEHICLE COST / TAX INFO | RMATION *(required for | Title & Registration T | ransactions) | | | | | | 1 | TAY EYEME | PTION REASON / SALE | S TAX# |
| SALE PRICE | TRADE IN A | LLOWANCE | | TAX | ABLE AMOUNT | | SALESTAX | PAID | | | | |
| DEALER NAME | 1 | | DEALE | ER ADDRESS | 5 | | | | | | DEALER # | |
| *Required for Duplicata Title | - T.C.A. 55-3-115 (subm | it lilegible or altered C | Certificate of Title | e) | | | | | | | 7 | |
| LOST | STOLEN | | MUTILATE | | _ | N'D DUE TO NO | | | ALTERED | | ILLEGIBLE | |
| Under penalties of perjury, I or its assignees to determine | hereby certify all informat the accuracy of the informat R/OWNER | ion provided is true as mation provided by m | nd correct to the e or on my beh | best of my k alf. OWER OF AT | nowledge, and a | icknowledge that HORIZED SIGNA | it is not the respons | BLE) | NOIDI VEIIICIE DIVISIOI | DATE | | |
| SIGNATURE OF CERTIFIE | , oomen | | | | | | | | | | 11/11/201 | 4 |
| INVOICE NUMBER | COUNTY NAME HAMILT | ON | cc | 33 | DATE OF AF | PLICATION /11/2014 | W.F | (BILL | KNOWLE | S | | HCM27 |
| 0 OFFICE USE ONLY REGISTRATION FEE | EMISSION: | | FEE | | RANS FEE | CLERK FE | (total f | ees collected | Indicated certifies | this form as a v | L TAX COLLECTED | |
| 79.75 | | J-0.20000000 | 3. 380 | L TAX | ADDITIONAL T | AX I | 12. | | 5.50 | x CITY | STICKER FEE | |
| COMPUTATION OF SALES TAX USE | | | | | , LOUITONAL II | | | | | •тот | AL FEES COLLECTED | |
| *SERVICE OPT FEE | ORGAN DONOR | POSTA | .GE | VER | | ID / RESID | ENCY VERIFICATI | | | 97 | 7.25 | |
| | 1 40/0007/0000 | Cooks 0 | | bock. (| 200 | hankt. | Cradit: | 0.00 | Auth#: | Change | E VINCE PP | 4-235 |