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

## OFFICIAL VEHICLE REGISTRATION

| City Stickers:                                                     |                             |                                   |                  |               |                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                            |                                     |                              |                                      | 5884                                                            | 21      |
|--------------------------------------------------------------------|-----------------------------|-----------------------------------|------------------|---------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|-------------------------------------|------------------------------|--------------------------------------|-----------------------------------------------------------------|---------|
| NEW OR CURRENT TITLE NO.                                           | JMBER                       |                                   |                  |               | TE                      | ODE OD1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | REGI                           | STRATION ONLY              | YNUMBEH                             |                              |                                      |                                                                 |         |
| 90467776                                                           |                             |                                   |                  |               |                         | CONTRACTOR OF THE PARTY OF THE |                                |                            |                                     |                              | 4                                    | MAO N ILU                                                       | N       |
| OWNER INFORMATION *LEG<br>LAST NAME                                | GAL STATUS: 1 (AND) 2       | (0R) L E                          | NTER NAME        | CODE IN BO    | DX 1 (SAM<br>DLE INITIA | E) 2(DIFFEREI<br>L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NT) 3(MULTIPLE LA<br>LAST NAME | AST NAMES) 4(C             | COMPANY) 5(OV                       | ER 28 CHARACTE<br>FIRST NAME | RS)                                  | MAO LILU<br>MIDDLE INITIA                                       |         |
| BOWMAN TRA                                                         | AILER LEASI                 | NG LL                             | С                |               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                            |                                     |                              |                                      |                                                                 |         |
| ADDRESS 1 (MAILING)  10233 GOVER                                   | NOD I NI DI V               | <b>/</b> D                        |                  |               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ADDRESS 2 (PHY                 | /SICAL)                    |                                     |                              |                                      |                                                                 |         |
| CITY GOVER                                                         | NOR LIV BLV                 |                                   | STATE            |               | ZIP CODE                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CITY                           |                            |                                     | STA                          | TE                                   | ZIP CODE                                                        |         |
| WILLIAMSPORT  ENTY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION   |                             | MD 217                            |                  |               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                            |                                     |                              |                                      |                                                                 |         |
|                                                                    |                             | PURCHASE DATE  06/29/2012 *LEASED |                  |               | O SERVICE OPTION        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ue al                          |                            |                                     | HEARING IMPAIRE              | D CLS/YR                             | *INSURANCE POLICY                                               | Y #     |
| HAMILTON 03                                                        | 33                          | 06/29                             | 9/2012           | SEE REVER     |                         | INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 301                            | 582 179                    | 3                                   |                              |                                      |                                                                 |         |
| VEHICLE INFORMATION VIN                                            |                             | MAKE                              | МС               | DEL           | YEAR                    | BODY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TITLE BRAND -                  | translation                |                                     | CODE                         | TYPE OF FUEL                         | - translation                                                   | CODE    |
| 1GRAA06252T008452                                                  |                             | GDAN 741                          |                  | 41            | 2002                    | SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | USED                           |                            |                                     | U                            |                                      |                                                                 | 9       |
| SURRENDERED TITLE #                                                |                             | STATE PREVIOUS S                  |                  | STATES TITLED |                         | VEHICLE U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SE VEHICLE TY                  | YPE CURRE                  | IND                                 |                              | OVER 10 YRS / 1                      | NOT ACTUAL (8) COD<br>/ 16,000 LBS (1)<br>MECHANICAL LIMITS (9) |         |
| 63267652                                                           |                             | TN                                |                  |               |                         | F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S                              |                            |                                     |                              |                                      |                                                                 | 1       |
| COLOR CODE (enter appropriate UPPER LOWE)                          |                             | OME<br>WDTH                       |                  | # AXLES       | GRO                     | OSS VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WEIGHT                         | *VEHICLI                   | E TRADE-IN DE                       | SCRIPTION                    |                                      | COMPANY VEHICLE #                                               | 38421   |
| O PLATE INFORMATION *(requ                                         | lired for Title and Registr | ation and Ro                      | gistration Col   | y Transaction | ns) SEE DE              | VERSE SIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OR COMPLETE IN                 | NSTRUCTIONS                |                                     |                              |                                      | 30                                                              | 70-72-1 |
| PLATE #(1) CL                                                      | ASSCODE/ISSUEYR(1)          | (3) VALII                         | DATION #(1)      |               | NTY STICK               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Y STICKER #(1)(2)              |                            | ADE IN)(2)                          | CLASS CODE/IS                | SUE YR(2)                            | EXPIRATION DATE                                                 |         |
| U383528 TDR STICKER #(4)                                           | 8020/199                    |                                   | # OF SI          | EATO(E)       | 70NE/00                 | OUNTY NAME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e)                             | USDOT / REGIS              | CTDANT #/7\                         |                              | мото                                 | PERM.                                                           | ANEN    |
| TOH STICKEH #(4)                                                   | TEMP OPERATOR PE            | HMII #(3)                         | # 0 5 5          | EA15(5)       | ZUNE(CC                 | UNIT NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6)                             | USDOT/ REGIS               | STHAINT #(7)                        |                              | MOTO                                 | on Cannien wo                                                   |         |
| LIEN INFORMATION (If lien p                                        | resent)                     |                                   |                  |               | a series                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                            |                                     |                              |                                      |                                                                 |         |
| LIEN CODE FIRST LIEN                                               |                             |                                   |                  |               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                            |                                     |                              |                                      | LIEN DA                                                         |         |
| STREET                                                             | JNTRUST BA                  | ANK                               |                  |               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CITY                           |                            |                                     | STATI                        | E                                    | ZIP CODE                                                        | 9/2012  |
| 120 E BA                                                           | ALTIMORE S                  | T 25 FI                           | L                |               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | IMORE                      |                                     |                              | MD                                   | 21202                                                           |         |
| LIEN CODE SECOND L                                                 | JENHOLDER                   |                                   |                  |               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                            |                                     |                              |                                      | LIEN DA                                                         | AIE     |
| STREET                                                             |                             |                                   |                  |               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CITY                           |                            |                                     | STATE                        | Ē                                    | ZIP CODE                                                        |         |
|                                                                    |                             |                                   |                  |               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                            |                                     |                              |                                      |                                                                 |         |
| *LESSEE / REGISTRANT INF                                           | ORMATION(OWNER O            | F PLATE)                          |                  | LEGAL STA     | TUS L                   | NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NAME                           | мао                        | ILU 📗                               |                              |                                      |                                                                 |         |
| NOWL                                                               |                             |                                   |                  |               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INAME                          |                            |                                     |                              |                                      |                                                                 |         |
| ADDRESS                                                            |                             |                                   |                  |               |                         | CI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Y                              |                            |                                     | STAT                         | STATE ZIP CODE                       |                                                                 |         |
| VEHICLE COST / TAX INFOR                                           |                             |                                   | tration Transa   | ctions)       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                            |                                     |                              |                                      |                                                                 |         |
| SALE PRICE TRADE IN ALLOWANCE                                      |                             |                                   |                  | TAXA          | BLE AMOUNT              | SALESTAX PAID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                            | *TAX EXEMPTION REASON / SALES TAX # |                              |                                      | S TAX #                                                         |         |
| DEALER NAME                                                        |                             |                                   | DEALER           | ADDRESS       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                            |                                     | DEALER #                     |                                      |                                                                 |         |
| *Required for Duplicate Title -                                    | T.C.A. 55-3-115 (submit     | t Illegible or a                  | altered Certific | ate of Title) |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                            |                                     |                              |                                      |                                                                 |         |
| LOST                                                               | STOLEN                      |                                   | П                | UTILATED      |                         | RTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N'D DUE TO NON E               | DELIEVERY                  | ALT                                 | ERED                         |                                      | ILLEGIBLE                                                       |         |
| Under penalties of perjury, I he or its assignees to determine the |                             |                                   |                  |               | st of my kn             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                            |                                     |                              |                                      | 89                                                              |         |
| or its assignees to determine the SIGNATURE OF CERTIFIER/          |                             | nation provide                    | ed by me or o    |               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ORIZED SIGNATU                 |                            |                                     |                              | DATE                                 |                                                                 |         |
|                                                                    |                             |                                   |                  |               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                            |                                     |                              |                                      | 09/21/2012                                                      | 2       |
| 12265 @                                                            | 12265 @ HAMILTON            |                                   |                  | CON           | 33                      | DATE OF AF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | 21/2012 BY AUTHORITY OF RE |                                     |                              | GISTRAR OF MOTOR VEHICLES (COUNTY OF |                                                                 | KAR46   |
| OFFICE USE ONLY                                                    | EMISSION:                   | Trailer                           | LEASE FFF        |               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | (total fe                  | es collected Inc                    | dicated certifies thi        | is form as a va                      |                                                                 |         |
| REGISTRATION FEE                                                   | CREDIT                      | 11                                | LEASE FEE        |               | TA.                     | ANS FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CLERK FEE                      | ISSUANC                    |                                     | E FEE                        | .00                                  |                                                                 |         |
| 79.75                                                              |                             |                                   |                  |               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - 1                            | 12.0                       | UU                                  | 5.50                         | .00                                  | ,                                                               |         |
| COMPUTATION OF                                                     | SALES OR USE TA             | X SA                              | TAX              | LOCALT        | AX A                    | DDITIONAL TA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | x co                           | LLECTED IN STA             |                                     | NTY WHEEL TAX                |                                      | TICKER FEE                                                      |         |
|                                                                    |                             |                                   | TAX              | LOCALT        | AX A                    | DDITIONAL TA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                            | ATE OF COU                          |                              | CITYS                                |                                                                 |         |