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

OFFICIAL VEHICLE REGISTRATION

90485840 OON OWNER INFORMATION 'LEGAL STATUS: 1 (AND) 2 (OR) ENTER NAME ODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 8 (OVER 28 CHARACTERS) 4 MAO N LU N LAST NAME FIRST NAME MIDDLE INITIAL BOWMAN TRAILER LEASING LLC ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD CITY STATE ZIP CODE WILLIAMSPORT MD 21795 TELEPHONE # "PLACARD/HEARING IMPAIRED CLS/YR "INSURANCE POLICY # "INSU	City Stickers:				1	c.c.	DECICE	DATION ON VA				6810	96
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Under penalties of perjury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division or its assignees to determine the accuracy of the information provided by me or on my behalf. SIGNATURE OF CERTIFIER/OWNER POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) DATE			n provided is true a ation provided by a	ne or on my bet	e best of my kno half. POWER OF ATT	ORNEY/AUTHO	RIZED SIGNATURE	of the responsibility	ity of the Motor \	Vehicle Division	DATE		
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