



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

OFFICIAL VEHICLE REGISTRATION

City Stickers:

NEW OR CURRENT TITLE NUMBER 91477912	TRANSACTION CODE N01	REGISTRATION ONLY NUMBER 708266
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OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) 4		MAO <input checked="" type="checkbox"/> N	ILU <input checked="" type="checkbox"/> N
LAST NAME BOWMAN TRAILER LEASING LLC	FIRST NAME MIDDLE INITIAL	LAST NAME FIRST NAME	MIDDLE INITIAL
ADDRESS 1 (MAILING) PO BOX 433 % 10233 GOVERNOR LN BLVD		ADDRESS 2 (PHYSICAL)	
CITY WILLIAMSPORT	STATE MD	ZIP CODE 21795	CITY STATE ZIP CODE
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 03/15/2013	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 301 582 1793
		*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #

VEHICLE INFORMATION															
VIN 1UYVS25328P412066	MAKE UTIL	MODEL 1UY	YEAR 2008	BODY SE	TITLE BRAND - translation USED	CODE U	TYPE OF FUEL - translation	CODE 9							
SURRENDERED TITLE # 557307193026	STATE OK	PREVIOUS STATES TITLED	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE 1								
COLOR CODE (enter appropriate code)* UPPER O	MOBILE HOME LGTH	WDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 708266									

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) U435075	CLASSCODE/ISSUEYR(1)(3) 8020/1994	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3) PERMANENT
TDR STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)	USDOT / REGISTRANT # (7)	MOTOR CARRIER # (8)		

LIEN INFORMATION (if lien present)									
LIEN CODE	FIRST LIENHOLDER SUNTRUST BANK					LIEN DATE 03/15/2013			
STREET 120 E BALTIMORE ST 25 FL	CITY BALTIMORE	STATE MD	ZIP CODE 21202						
LIEN CODE	SECOND LIENHOLDER					LIEN DATE			
STREET	CITY	STATE	ZIP CODE						

*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)		LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	ILU <input type="checkbox"/>
NAME		NAME			
ADDRESS		CITY		STATE	ZIP CODE

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)									
SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX PAID	*TAX EXEMPTION REASON / SALES TAX #					
DEALER NAME	DEALER ADDRESS		DEALER #						

*Required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title)					
<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTN'D DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE

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 04/03/2013
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INVOICE NUMBER 13093 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 04/03/2013	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES		KAR46
OFFICE USE ONLY EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration)						
REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE 12.00	TITLE FEE 5.50
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED 97.25	