



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

OFFICIAL VEHICLE REGISTRATION



City Stickers:

NEW OR CURRENT TITLE NUMBER 90490642	TRANSACTION CODE 004	REGISTRATION ONLY NUMBER 3379515	STATE
--	--------------------------------	--	-------

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"/> ILU <input checked="" type="checkbox"/>											
LAST NAME BOWMAN TRAILER LEASING LLC		FIRST NAME 		MIDDLE INITIAL 		LAST NAME 		FIRST NAME 		MIDDLE INITIAL 	
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD						ADDRESS 2 (PHYSICAL) 					
CITY WILLIAMSPORT		STATE MD		ZIP CODE 21795		CITY 		STATE 		ZIP CODE 	
*TYPE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033		PURCHASE DATE 06/29/2012		*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>		TELEPHONE # 301 582 1793		*PLACARD/HEARING IMPAIRED CLS/YR 		*INSURANCE POLICY # 	

VEHICLE INFORMATION																	
VIN 1JJV532W65L922960		MAKE WABA		MODEL 1JJ		YEAR 2005		BODY SE		TITLE BRAND - translation USED		CODE U		TYPE OF FUEL - translation 		CODE 9	
SURRENDERED TITLE # 		STATE TN		PREVIOUS STATES TITLED WI		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 		WIDTH 		# AXLES 		GROSS VEHICLE WEIGHT 		*VEHICLE TRADE-IN DESCRIPTION 				COMPANY VEHICLE # 775614			

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS															
PLATE #(1) U679979		CLASSCODE/ISSUEYR(1)(3) 8020/1994		VALIDATION #(1) 		COUNTY STICKER #(1) 		CITY STICKER #(1)(2) 		*PLATE #(TRADE IN)(2) U398469		CLASS CODE/ISSUE YR(2) 8020 1994		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 		LIEN DATE 			
STREET 		CITY 		STATE 		ZIP CODE 	
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 		STATE 		ZIP CODE 			
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 05/03/2016	

INVOICE NUMBER 16124 @		COUNTY NAME HAMILTON		CO NUMBER 33		DATE OF APPLICATION 05/03/2016		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W.F. (BILL) KNOWLES		HCM27	
OFFICE USE ONLY REGISTRATION FEE 		EMISSION: NOT APPLICABLE		TRANS FEE 11.75		CLERK FEE 		ISSUANCE FEE 2.50		LIEN FEE 	
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 	
*SERVICE OPT FEE 		ORGAN DONOR 		POSTAGE 		VER 		ID / RESIDENCY VERIFICATION 		*TOTAL FEES COLLECTED 14.25	