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

## **OFFICIAL VEHICLE REGISTRATION**

City Stickers:												780	315	
NEW OR CURRENT TITLE NUMBER CODE							REGI	STRATION ON	LY NUMBER					
84188951						N01	<del>- ,                                   </del>	-				wo N	I NI	
OWNER INFORMATION *LEG.	AL STATUS: 1 (AND	) 2 (0R) L	ENTER N	ME CODE	IN BOX 1 (SAM	E) 2(DIFFEREN	T) 3(MULTIPLE LAST NAME	AST NAMES) 4	(COMPANY) 5	OVER 28 CHARACTE	RS) S	MACL	ILU N	
BOWMAN SAL	ES AND E		****** <b>-</b>		WIDDLE WITH		LACT WAILE							
ADDRESS 1 (MAILING)							ADDRESS 2 (PHY	SICAL)						
PO BOX 433	% 1023	3 GOV	ENOR	LN BI			0.D.			STA	TC	ZIP COD	)E	
WILLIAMSPORT			STATE		ZIP CODE 21795		CITY			317	STATE ZIP CODE			
ONTY OF RESIDENCE PRINCIPAL BUS OR INCORP LOCATION		PURCHASE DATE 06/30/2011		LEAS	SED O-SER	VICE OPTIONS				RD/HEARING IMPAIRE	D CLS/YR	*INSURANCE	POLICY #	
HAMILTON 03 VEHICLE INFORMATION	<b>3</b> Jahren de Gereiche	06/	30/201	SEE	REVERSE SIDE FOR	INSTRUCTIONS	<u> </u>	582 17	93		i e jer			
VIN	L	MAKE	·	MODEL	YEAR	BODY	TITLE BRAND -II	st the appropri	ate code TED VEHICLE	1 10	code	EL - list the appropri	1	
1JJV532W35L931714		WABA		1JJ	2005 SE		TITLE BRAND -list the appropriate code (NINEW (1)RECONSTRUCTED VEH (U)USED (2)FLOOD DAMAGE (D)DEMO (3)SPECIALLY CONSTRU (8)PARTS ONLY		NSTRUCTED			LECTRIC/HYBRID (3 PROPANE (4)	9	
SURRENDERED TITLE #		STATE		OUS STATE	STITLED	VEHICLE US		PE CURRENT MILEAGE		E ODOMETER INDICATOR ( (List one) II	ODOMETER ACTUAL (0) INDICATOR OVER 10 YRS (List one) IN EXCESS OF		CODE 1	
04201010311 COLOR CODE (enter appropriate	HOME	OME #A		F LES GROSS VEHICLE		S VEHICLE TRADE-		LE TRADE-IN	DESCRIPTION		COMPANY VEHICLE #			
UPPER LOWER	WDTH	WDTH								780315				
PLATE INFORMATION (recul	ed for Title and Regi								RADE IN)(2)	CLASS CODE/IS	CHE VE(2)	EVERATION	N DATE (1)(2)(3)	
PLATE #(1) CL/ U333794	8020/19		ALIDATION (	ן ייי	COUNTY STICK	EH B(1) CIT	/ STICKER #(1)(2)	PLATER	HADE INJ(2)	CLASS CODE/IS	SUE 11(2)		RMANENT	
TDR STICKER #(4) TEMP OPERATOR		<u> </u>		F SEATS(5)	ATS(5) ZONE(COUNTY NAME		(6) USDOT / REGISTRANT #(		GISTRANT #(7)		мо	TOR CARRIER #(	8)	
LIEN INFORMATION (If lien pro												- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	JEN DATE	
SUNTRUST BANK										06/30/2011				
STREET	<del> </del>						СПУ	-		STAT		ZIP COI	DE	
120 E BALTIMORE 25TH FL  LIEN CODE SECOND LIENHOLDER					BALTIMORE					MD 21202				
J255(15 E														
STREET					<del></del>		спу		<u> </u>	STATI	<u> </u>	ZIP COI	DE	
POOLE A DEGLOVE AND IN ITS		A- N A				l		[7]				v. 1 - 1 -		
"LESSEE / REGISTRANT INFO NAME	HMATION(OTVNEH	OF PLATE	)	LEGAL	STATUS L	NAMEC	NAME	MAO LL	ער איני		· ·			
ADDRESS						cm	<u>'</u>			STAT	TE .	ZIF	CODE	
<del>ar</del> fala - Las Las Augresias <del>S</del>		er de en							<del></del> ,			· · · · · · · · · · · · · · · · · · ·		
VEHICLE COST / TAX INFORM SALE PRICE		Title & Re		nsections)	TAXA	BLE AMOUNT		SALESTA	X PAID		TAX EXEN	APTION REASON	/SALES TAX #	
DEALER NAME					LER ADDRESS						DEALER #			
				DEAL	LEN ADDRESS							DEACEN *		
Required for Duplicate Title - T	.C.A. 55-3-115 (sub)	nit lilegible c	or altered Ce	tificate of Ti	te)				7 - 1 <u>8</u> 1		<u> </u>	<u></u>	·	
LOST	STOLE	N		MUTILATE	ED	RTN	D DUE TO NON D	ELIEVERY		ALTERED	[	ILLEGIB	LE	
Inder penalties of perjury, I here r its assignees to determine the	by certify all informa accuracy of the info	tion provide	d is true and vided by me	correct to th	e best of my kn half.	owledge, and ac	knowledge that it is	s not the respon	nsibility of the M	Actor Vehicle Division	I			
SIGNATURE OF CERTIFIER/O	WNER						RIZED SIGNATU				DATE	11/28/	2011	
NVOICE NUMBER	COUNTY NAME				O NUMBER	DATE OF APP	LICATION	BY AU	HORITY OF R	EGISTRAR OF MOTO	R VEHICLE			
11332 @	HAMILT	_=			33		28/2011	W.F	. (BILL)	KNOWLES			HJC27	
PFICE USE ONLY REGISTRATION FEE	EMISSION: CREDIT	Trailer	LEASE FE	E	TRA	NS FEE	CLERK FEE			Indicated certifies the	s form as a	valid registration) LL TAX COLLECTE	 ≘D	
79.75	SALES OR USE T	AX I	SA TAX	Line	AL TAX A	DDITIONAL TAX	100	12	.00	5.50	1	STICKER FEE		
SALES TAX USE TAX	d													
SERVICE OPT FEE	ORGAN DONOR		POSTAGE		VER		ID / RESIDENC	CY VERIFICAT	ON			AL FEES COLLECT	TED	
	  8/DR27/8020		ash: 0.0		Check: 0		 neck#:	Credit:	0.00	Auth#:	Change			