



# OFFICIAL VEHICLE REGISTRATION

86990

## City Stickers:

NEW OR CURRENT TITLE NUMBER <b>92575699</b>		TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER	
OWNER INFORMATION (LEGAL STATUS: 1 (AND) 2 (OR) 3 ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) 4 MAO 1 N 1 IU 1 N				
LAST NAME FIRST NAME <b>BOWMAN TRAILER LEASING LLC</b>		MIDDLE INITIAL	LAST NAME FIRST NAME MIDDLE INITIAL	
ADDRESS 1 (MAILING) <b>10233 GOVERNOR LN BLVD</b>		ADDRESS 2 (PHYSICAL)		
CITY STATE <b>WILLIAMSPORT MD</b>		ZIP CODE <b>21795</b>	CITY STATE ZIP CODE	
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>06/24/2013</b>	TELEPHONE # <b>301 582 1793</b>	*PLACARD/HEARING IMPAIRED CLS/YR *INSURANCE POLICY #	
VEHICLE INFORMATION		*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input checked="" type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS		
VIN <b>1JJV532W15L936605</b>	MAKE <b>WABA</b>	MODEL <b>JJ</b>	YEAR <b>2005</b>	BODY <b>SE</b>
TITLE BRAND - translation <b>USED</b>		CODE <b>U</b>	TYPE OF FUEL - translation <b>9</b>	
SURRENDERED TITLE # <b>09176091</b>	STATE <b>ME</b>	PREVIOUS STATES TITLED	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>
COLOR CODE (enter appropriate code)* UPPER LOWER <b>O</b>	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION
				COMPANY VEHICLE # <b>80990</b>
PLATE # (1) CLASS CODE/ISSUE YR (1)(3) VALIDATION # (1) COUNTY STICKER # (1) CITY STICKER # (1)(2) *PLATE # (TRADE IN) (2) CLASS CODE/ISSUE YR (2) EXPIRATION DATE (1)(2)(3) <b>U456574 8020/1994 PERMANENT</b>				
TDR STICKER # (4)		TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)
		USDOT / REGISTRANT # (7)		MOTOR CARRIER # (8)
LIEN INFORMATION (If any, please)				
LIEN CODE	FIRST LIENHOLDER <b>SUNTRUST BANK</b>			LIEN DATE <b>06/24/2013</b>
STREET <b>120 E BALTIMORE ST 25 FL</b>		CITY <b>BALTIMORE</b>	STATE <b>MD</b>	ZIP CODE <b>21202</b>
LIEN CODE	SECOND LIENHOLDER			LIEN DATE
STREET		CITY	STATE	ZIP CODE
LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)				
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 legible 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				DATE <b>07/26/2013</b>
POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)				
INVOICE NUMBER COUNTY NAME <b>13207 @ HAMILTON</b>				
CO NUMBER <b>33</b>		DATE OF APPLICATION <b>07/26/2013</b>		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES HJC27</b>
(total fees collected indicated certifies this form as a valid registration)				
OFFICE USE ONLY REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX		SALES OR USE TAX	SA TAX	LOCAL TAX
*SERVICE OPT FEE		ORGAN DONOR	POSTAGE	VER
		ID / RESIDENCY VERIFICATION		*TOTAL FEES COLLECTED <b>97.25</b>
Port: WKAB/DR27/8020 Cash: 0.00 Check: 0.00 Check#: Credit: 0.00 Auth#: Charge: 0.00				