



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

OFFICIAL VEHICLE REGISTRATION

City Stickers:

828627

| | | | | |
|--|------------------------------------|---|--|--|
| NEW OR CURRENT TITLE NUMBER 90480754 | | TRANSACTION CODE 004 | REGISTRATION ONLY NUMBER 1086320 | |
| 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 BOWMAN TRAILER LEASING LLC |
| ADDRESS 1 (MAILING) 10223 GOVERNOR LN BLVD | | ADDRESS 2 (PHYSICAL) | | |
| CITY WILLIAMSPORT | STATE MD | ZIP CODE 21795 | CITY | STATE MD |
| CITY 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 0 |
| *INSURANCE POLICY # | | | | |

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|---|---------------------------------|---------------------------------|-------------------------------------|-------------------------|-------------------------------|---------------------|---|--|------------------|----------------------------|------------------|
| VEHICLE INFORMATION | | VIN 5PPV115276A100268 | | MAKE BRIV | MODEL ARC | YEAR 2006 | BODY SE | TITLE BRAND - translation USED | CODE U | TYPE OF FUEL - translation | CODE 9 |
| SURRENDERED TITLE # | | STATE TN | PREVIOUS STATES TITLED TN | 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 0 | WIDTH 0 | # AXLES 0 | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | | | COMPANY VEHICLE # 828627 | | | |

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| PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS | | | | | | | | | |
| PLATE # (1) U465389 | CLASSCODE/ISSUEYR(1)(3) 8020/1994 | VALIDATION # (1) | COUNTY STICKER # (1) | CITY STICKER # (1)(2) | *PLATE # (TRADE IN)(2) U381066 | 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) | | | | |

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|------------------------------------|--|-----------|--|-------------------|------|--|-------|----------|-----------|
| LIEN INFORMATION (If lien present) | | LIEN CODE | | FIRST LIENHOLDER | CITY | | STATE | ZIP CODE | LIEN DATE |
| STREET | | | | | | | | | |
| LIEN CODE | | | | SECOND LIENHOLDER | CITY | | STATE | ZIP CODE | LIEN DATE |
| STREET | | | | | | | | | |

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| *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 | | | |

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

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|-------------------------------|---------------------------------|------------------------------------|--|----------------------------------|------------------------------------|
| <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 |
|-------------------------------|---------------------------------|------------------------------------|--|----------------------------------|------------------------------------|

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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 08/23/2013 |
|--|--|------------------------------|--|--|---------------------------|

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| INVOICE NUMBER 13235 @ | | COUNTY NAME HAMILTON | | CO NUMBER 33 | DATE OF APPLICATION 08/23/2013 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES | | HJC27 |
| OFFICE USE ONLY REGISTRATION FEE | | EMISSION: NOT APPLICABLE CREDIT | | LEASE FEE | | (total fees collected indicated certifies this form as a valid registration) | | |
| 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 |