



OFFICIAL VEHICLE REGISTRATION

City Stickers:

978015

NEW OR CURRENT TITLE NUMBER 92779275		TRANSACTION CODE N01	REGISTRATION ONLY NUMBER	
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
ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD		ADDRESS 2 (PHYSICAL)		
CITY WILLIAMSPORT		STATE MD	ZIP CODE 21795	CITY
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033		PURCHASE DATE 09/15/2013	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 301 582 1793
VEHICLE INFORMATION		*PLACARD/HEARING IMPAIRED CLS/YR		
VIN 1B9SV5322EW978015		MAKE BOWM	MODEL 1B9	YEAR 2014
SURRENDERED TITLE # MSO		STATE TN	PREVIOUS STATES TITLED	VEHICLE USE F
COLOR CODE (enter appropriate code)* UPPER O		MOBILE HOME LGTH W	WIDTH W	# AXLES 4
GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION		
COMPANY VEHICLE # 978015				
PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS				
PLATE # (1) U475005		CLASS CODE/ISSUE YR (1)(3) 8020/1994	VALIDATION # (1)	COUNTY STICKER # (1)
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 09/15/2013
STREET 120 E BALTIMORE ST 25 FL		CITY BALTIMORE		STATE MD
LIEN CODE		SECOND LIENHOLDER		LIEN DATE
STREET		CITY		STATE
*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
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 10/17/2013
INVOICE NUMBER 13290 @		COUNTY NAME HAMILTON	GO NUMBER 33	DATE OF APPLICATION 10/17/2013
OFFICE USE ONLY REGISTRATION FEE 79.75		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES HCM27		
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
TOTAL TAX COLLECTED .00		TOTAL FEES COLLECTED 97.25		