



VEHICLE TAXPAYER SERVICES DIVISION
MULTI-PURPOSE APPLICATION
OFFICIAL VEHICLE REGISTRATION



STATE

City Stickers:

NEW OR CURRENT TITLE NUMBER 97739039	TRANSACTION CODE N01	REGISTRATION ONLY NUMBER
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OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ☐ ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) 5			MAO ☒ N	ILU ☒ N
LAST NAME BOWMAN SALES AND EQUIPMENT INC		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	
PURCHASE DATE 09/21/2004		TELEPHONE # 240 772 5474	*PLACARD/HEARING IMPAIRED CLS/YR *INSURANCE POLICY #	
HAMILTON 033		SEE REVERSE SIDE FOR INSTRUCTIONS		

VEHICLE INFORMATION VIN 1JJV532W1XL635013		MAKE WABA	MODEL 1JJ	YEAR 1999	BODY SE	TITLE BRAND - translation USED	CODE U	TYPE OF FUEL - translation 9
SURRENDERED TITLE # 11701717		STATE ME	PREVIOUS STATES TITLED		VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE	ODOMETER ACTUAL (8) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 15,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9) 1
COLOR CODE (enter appropriate code)* UPPER O	MOBILE HOME LGTH 2927RT	WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE #	

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) U686038	CLASS CODE/ISSUE YR (1)(3) 8020/1994	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	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 DATE 07/16/2013			
LIEN CODE	FIRST LIENHOLDER SUNTRUST BANK			CITY BALTIMORE			
STREET 120 E BALTIMORE ST 25 FL				STATE MD			
ZIP CODE 21202				LIEN DATE			
LIEN CODE	SECOND LIENHOLDER			CITY STATE ZIP CODE			
STREET				CITY STATE ZIP CODE			

*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)		LEGAL STATUS ☐	NAME CODE ☐	MAO ☐	ILU ☐
NAME		NAME			
ADDRESS		CITY STATE ZIP CODE			

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)		TAXABLE AMOUNT		SALESTAX PAID		*TAX EXEMPTION REASON / SALES TAX #	
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. 65-3-116 (submit if legible or altered Certificate of Title)						
☐ LOST	☐ STOLEN	☐ MUTILATED	☐ RTWD DUE TO NON DELIVERY	☐ ALTERED	☐ 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.		POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)		DATE 04/06/2016	
SIGNATURE OF CERTIFIER/OWNER					

INVOICE NUMBER 16097 @	COUNTY NAME HAMILTON	GO NUMBER 33	DATE OF APPLICATION 04/06/2016	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES			HCM27
OFFICE USE ONLY REGISTRATION FEE 79.75							
EMISSION: Trailer		LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE 12.00	LIEN FEE	TITLE FEE 5.50
COMPUTATION OF ☐ SALES TAX ☐ USE TAX		SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX
*SERVICE OPT FEE		ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED 97.25	