



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

OFFICIAL VEHICLE REGISTRATION



City Stickers:

| | | | |
|---|--------------------------------|--------------------------|-------|
| NEW OR CURRENT TITLE NUMBER 13301059641 | TRANSACTION CODE N01 | REGISTRATION ONLY NUMBER | STATE |
|---|--------------------------------|--------------------------|-------|

| | | | | | | | | | | | |
|--|--|------------------------------------|--|--|--|------------------------------------|--|---|--|--------------------------------|--|
| 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) 5 | | | | | | | | | | | |
| LAST NAME BOWMAN TRAILER LEASING THREE LLC | | FIRST NAME | | MIDDLE INITIAL | | LAST NAME | | FIRST NAME | | MIDDLE INITIAL | |
| ADDRESS 1 (MAILING) 10228 GOVERNOR LANE BLVD STE 3002 | | | | | | ADDRESS 2 (PHYSICAL) | | | | | |
| CITY WILLIAMSPORT | | STATE MD | | ZIP CODE 21795-4064 | | CITY | | STATE | | ZIP CODE | |
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033 | | PURCHASE DATE 02/20/2024 | | *LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small> | | TELEPHONE # 301 582 1793 | | *PLACARD/HEARING IMPAIRED CLS YR | | *INSURANCE POLICY # | |

| | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------------|--|-----------------------------------|--|-------------------------|--|---------------------------------|--|--|--|--|--|------------------|--|--|--|------------------|--|
| VEHICLE INFORMATION | | | | | | | | | | | | | | | | | | | |
| VIN 5V8VC5320SM404626 | | MAKE VANG | | MODEL 5V8 | | YEAR 2025 | | BODY SE | | ADS Level | | TITLE BRAND - Translation | | CODE N | | TYPE OF FUEL - Translation Other | | GOOD 9 | |
| SURRENDERED TITLE # MSO | | STATE MI | | PREVIOUS STATES TITLED | | VEHICLE USE F | | VEHICLE TYPE S | | CURRENT MILEAGE | | ODOMETER ACTUAL (0 - 999,999) / NOT ACTUAL (0 - 999,999) INDICATOR OVER 10 YRS / 48,000 LBS (1) <small>(List one) IN EXCESS OF MECHANICAL LIMITS (1)</small> | | GOOD 1 | | | | | |
| COLOR CODE (enter appropriate code) UPPER O | | MOBILE HOME LGTH | | WDTH | | # AXLES | | GROSS VEHICLE WEIGHT | | *VEHICLE TRADE-IN DESCRIPTION | | COMPANY VEHICLE # | | VN2346 | | | | | |

| | | | | | | | | | | | | | | | |
|--|--|--|--|----------------------------|--|---------------------------------|--|------------------------------------|--|----------------------------------|--|-----------------------------------|--|---|--|
| PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS | | | | | | | | | | | | | | | |
| PLATE #(1) 494563T | | CLASSCODE/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 (2)(3) | | | | | |

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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|---------------------------------------|--|--|--|--|------------------------------------|--|--|--|--|------------------------------|--|--|--|--|------------------------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|
| *LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | LEGAL STATUS <input type="checkbox"/> | | | | | NAME CODE <input type="checkbox"/> | | | | | MAO <input type="checkbox"/> | | | | | ILU <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | CITY | | | | | | | | | | STATE | | | | | | | | | | ZIP CODE | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------|--|----------------------------|--|---------------------------|--|--------------------------|--|--|--|--|--|--|--|--|--|--|--|
| VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions) | | | | | | | | | | | | | | | | | | | |
| SALE PRICE | | TRADE IN ALLOWANCE | | WARRANTY AMOUNT | | 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 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 DELIEVERY | | <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 ISSUED 2/29/2024 10:34:44 AM | |
|---|--|--|--|--|--|

| | | | | | | | | | | | |
|----------------------------------|--|--------------------------------|--|------------------------|--|--|--|--|--|-------|--|
| INVOICE NUMBER 24060 @ | | COUNTY NAME HAMILTON | | CO NUMBER 33 | | DATE OF APPLICATION 02/29/2024 | | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W. F. BILL KNOWLES | | HCM27 | |
|----------------------------------|--|--------------------------------|--|------------------------|--|--|--|--|--|-------|--|

| | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------------|--|--------------------|--|----------------------|--|--|--|----------------------------------|--|--|--|-----------------------------|--|--------------------------|--|-----------------------------------|--|
| OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | |
| REGISTRATION FEE 100.25 | | ELECTRIC VEHICLE FEE | | CREDIT | | LEASE FEE | | TRANS FEE | | CLERK FEE 3.00 | | ISSUANCE FEE 12.00 | | LIEN FEE | | TITLE FEE 5.50 | | TOTAL TAX COLLECTED .00 | |
| 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 | | COUNTY WHEEL TAX | | CITY STICKER FEE | | INS FEE | | | |
| *SERVICE OPT FEE | | ORGAN DONOR | | POSTAGE | | VER | | ID / RESIDENCY VERIFICATION | | VIN PLATE FEE .00 | | *TOTAL FEES COLLECTED 120.75 | | | | | | | |