



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



City Stickers:

NEW OR CURRENT TITLE NUMBER <b>13301059595</b>	TRANSACTION CODE <b>N01</b>	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) <b>5</b>				MAO <input checked="" type="checkbox"/> <b>N</b>	ILU <input checked="" type="checkbox"/> <b>N</b>
LAST NAME <b>BOWMAN TRAILER LEASING THREE LLC</b>		FIRST NAME		MIDDLE INITIAL	
ADDRESS 1 (MAILING) <b>10228 GOVERNOR LANE BLVD STE 3002</b>		ADDRESS 2 (PHYSICAL)			
CITY <b>WILLIAMSPORT</b>		STATE <b>MD</b>	ZIP CODE <b>21795-4064</b>	CITY STATE ZIP CODE	
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>02/20/2024</b>	*LEASED <input checked="" type="checkbox"/> <b>0</b> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # <b>301 582 1793</b>	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #

VIN <b>5V8VC5325SM404623</b>		MAKE <b>VANG</b>	MODEL <b>5V8</b>	YEAR <b>2025</b>	BODY <b>SE</b>	ADS Level	TITLE BRAND - translation	CODE <b>N</b>	TYPE OF FUEL - translation <b>Other</b>	9
SURRENDERED TITLE # <b>MSO</b>		STATE <b>MI</b>	PREVIOUS STATES TITLED	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE	ODOMETER ACTUAL (1) NOT ACTUAL (2) INDICATOR OVER 10 YRS (1) 000-999 (2) <small>(if 4 tires) IN EXCESS OF 99,999 MILES (1) 12345 (2)</small>	CODE <b>1</b>		
COLOR CODE (enter appropriate code)* UPPER <b>O</b> LOWER	MOBILE HOME LGTH WDTH	# AXLES	GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION			COMPANY VEHICLE # <b>VN2310</b>		

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE #(1) <b>494536T</b>	CLASSCODE/ISSUEYR(1)(3) <b>8020/1994</b>	VALIDATION #(1)	COUNTY STICKER #(1)	CITY STICKER #(1)(2)	*PLATE #(TRADE IN)(2)	CLASS CODE/ISSUE YR(2)	EXPIRATION DATE (1)(2)(3) <b>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 lien present)	
LIEN CODE	FIRST LIENHOLDER
STREET	
CITY	
STATE	
ZIP CODE	
LIEN CODE	SECOND LIENHOLDER
STREET	
CITY	
STATE	
ZIP CODE	

*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	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"/> RTND 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 ISSUED 2/29/2024 10:11:11 AM <b>02/29/2024</b>
------------------------------	---	--

INVOICE NUMBER <b>24060 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>02/29/2024</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) <b>W. F. BILL KNOWLES</b>		HCM27
OFFICE USE ONLY						
REGISTRATION FEE <b>100.25</b>	ELECTRIC VEHICLE FEE	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE <b>3.00</b>	ISSUANCE FEE <b>12.00</b>
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> 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	VIN PLATE FEE <b>.00</b>
					TOTAL FEES COLLECTED <b>120.75</b>	