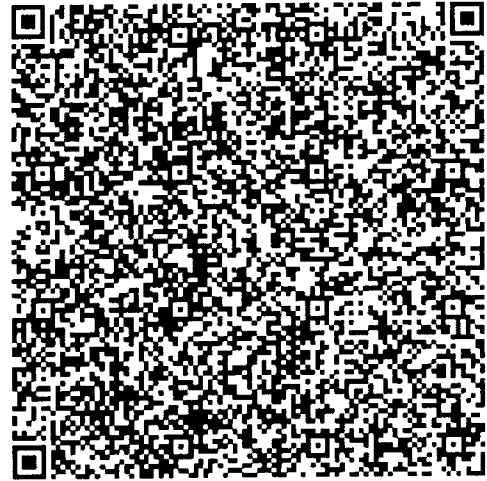




Cover Sheet - PA

Process Date 11/12/2025 Transaction Id 46804186  
Titling State PA Military



**4X4FCRM21FS212916 2015 FOREST RIVER  
CEDAR CREEK  
Used Trailer**

**Vehicle Info**

Model: 36CKTS  
Body Type: Travel Trailer  
GVW: 14800  
Fuel Type:  
Odometer Reading:

**Sale Information**

Purchase Date: 06/20/2025  
Sale Type: Purchase  
Taxable Selling Price: 32,326.50  
MSRP:  
List Price:  
Trade in Value: 5,900.00

**Owner Info**

Owner 1 Name: CHRISTOPHER HOCKENBURY  
Owner 2 Name: GERRY HOCKENBURY  
Registered Address: 5375 MORRISDALE ALLPORT HWY,  
ALLPORT, Clearfield, PA, 16821

Lessor Name:  
Address:

**Lienholder Info**

Lienholder 1 Name: ROADRUNNER FINANCIAL INC  
Address: PO BOX 312, WILMINGTON, CLINTON, OH.  
45177  
Lienholder 2 Name:  
Address:

**Registration Information**

Application Type: Title & Registration  
Registration Action: New Registration  
Registration Period:  
Plate Number:  
Expiration Date:

**Final Destination**

Send to: CHRISTOPHER HOCKENBURY  
Phone:  
Mailing Address: 5375 MORRISDALE ALLPORT HWY,  
ALLPORT, Clearfield, PA, 16821

**Fee Summary**

REGISTRATION FEE	\$115.00
PLATE FEE	\$20.00
LIEN FEE	\$36.00
TITLE FEE	\$72.00
PA STATE TAX (6%)	\$1,939.59
VITU FULL SERVICE FEE	\$150.00
PA STATE VARIABLE FEES	\$20.00
<b>Total</b>	<b>\$2,352.59</b>

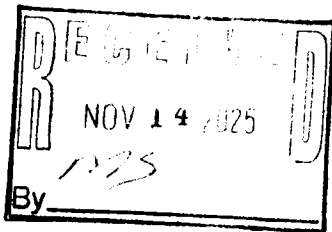
**Submitted By:**

Taylor Rumburg  
Phone: (877)815-9589  
Location: Camping World RV Sales of Hampton Roads  
Address: 11963 Jefferson Ave, Newport News, Hampton  
City, VA, 23606

**For Vitu use**

Pre-Checker Name \_\_\_\_\_

Comments / Resolution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



For your paperwork to be processed faster, please send your transaction documents in the order they are listed on the checklist. Thank you!

FOLD AND DETACH HERE

FOLD AND DETACH HERE

(PART B)




R319

# PENNSYLVANIA DEPARTMENT OF TRANSPORTATION

Control# B 9477705

Place Your  
Registration Plate  
Number and  
Dealer/Business  
Partner ID# Sticker  
Here

PT872X9  
832300

E X P R E S				E X P R E S
	02	19	26	
				
	MONTH	DAY	YEAR	

## TEMPORARY REGISTRATION PERMIT

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No. K0584609

MV-1 (7-19)							H. TAX/FEE'S	
A. VEHICLE DESCRIPTION	Make of Vehicle		Vehicle Identification Number (VIN). If tracing required, tape securely to reverse side of this copy.		Body Type (SDN, TK, Bus, etc.)	Model Year	Purchase Price (See Note On Reverse.) <b>28,220.00</b>	
	Gross Vehicle Wt. Rating	Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Propane	<input type="checkbox"/> Gasoline <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Hybrid <input type="checkbox"/> Other	DIN/Bus. Part ID/Mechanic # <b>232300</b>		Authorized Notary Public or Certified Inspection Mechanic (Print Name) <b>JACK RAPOUT, A Notary</b>	
	Check the appropriate block if the vehicle is to be used or was formerly used as a <input type="checkbox"/> Taxi or a <input type="checkbox"/> Police Vehicle (If applicable)			I certify that I have verified that a legible tracing cannot be secured and that the above VIN and vehicle weight information listed here and in Section F are correct.			Sign Here <i>[Signature]</i>	
B. APPLICANT INFORMATION	Last Name (or Full Business Name)		First Name	Middle Name	PA DL/ID# or Bus. ID#	Date of Birth	Sales Tax X 6% (.06), X 7% (.07) or X 8% (.08) * (See Note on Reverse.)	
	Co-Purchaser Last Name		First Name	Middle Name	PA DL/ID#	Date of Birth	Less Tax Credit	
	Street			Date Acquired/Purchased		COUNTY CODE		1. Sales Tax Due
	City		State	Zip Code	Dealer/Bus. Partner ID# (If Applicable)		Refer to county codes listing on reverse side of yellow copy	
	NOTE: If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (On death of one owner, title goes to surviving owner.) CHECK HERE <input type="checkbox"/> . Otherwise, the title will be issued as "Tenants in Common" (On death of one owner, interest of deceased owner goes to their heirs or estate.)							1A. Exemption Reason Code (must be a number from 1 to 26 or 0)
C. MILEAGE INFORMATION	<input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits.			<input type="checkbox"/> Is NOT the actual mileage. WARNING: Odometer discrepancy.			ODOMETER READING	
	WARNING: Federal and state laws require that you state the mileage in connection with the transfer of ownership, failure to complete or providing a false statement may result in fines and/or imprisonment.						Tenths _____ <input checked="" type="checkbox"/>	
D. LIEN INFORMATION	If no lien, CHECK <input type="checkbox"/> Is this an ELT? (If yes, FIN required) <input type="checkbox"/> YES <input type="checkbox"/> NO			If no 2nd lien, CHECK <input type="checkbox"/> Is this an ELT? (If yes, FIN required) <input type="checkbox"/> YES <input type="checkbox"/> NO			1. Sales Tax Due	
	1st Lienholder Financial Institution Number			2nd Lienholder Financial Institution Number			1A. Exemption Reason Code	
	1st Lienholder Name			2nd Lienholder Name			1B. Exemption No.	
	Street			Street			1C. PTA No.	
	City State Zip Code			City State Zip Code			2. Title Fee	
E. VEHICLE TRADED	Make of Vehicle		Vehicle Identification Number (VIN)		Model Year			3. Lien Fee
	Body Type (SDN, BUS, TK, etc.)		Condition of Vehicle <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR			Fee Exempt Number as Assigned by the Department		
F. ADDITIONAL VEHICLE INFORMATION	Passenger, Taxi/Bus		<input type="checkbox"/> Passenger <input type="checkbox"/> Taxi <input type="checkbox"/> Limousine <input type="checkbox"/> School Bus <input type="checkbox"/> Mass Transit <input type="checkbox"/> Other Bus		Seating Capacity			4. Registration Or Processing Fee
	Motorcycle, Motor Driven Cycle, Moped		Cylinder Capacity 50cc or Less <input type="checkbox"/> YES <input type="checkbox"/> NO		Brake Horsepower <input type="checkbox"/> 1.5 or Less <input type="checkbox"/> 1.6 to 5.0 <input type="checkbox"/> Over 5.0			5. County Fee ♦ (See Note on Reverse)
			Operable Pedals <input type="checkbox"/> YES <input type="checkbox"/> NO		Max Design Speed 25 MPH or Less <input type="checkbox"/> YES <input type="checkbox"/> NO			6. Duplicate Reg. Fee No. of Dup. Reg. Cards: _____
			Automatic Transmission <input type="checkbox"/> YES <input type="checkbox"/> NO		Designed/Altered for Road Use <input type="checkbox"/> YES <input type="checkbox"/> NO			7. Transfer Fee
	Motor Home		Chassis Mfr:		Body Make:			8. Increase Fee
	Trailer & Vehicles Below		Number of Axles:		Req. Registered Gross Wt. (Including Load)			9. Replacement Fee
G. APPLICATION FOR REGISTRATION	Truck, Truck Tractor		Req. Registered Gross Combination Wt.		Gross Combination Wt. Rating			10. TOTAL PAID (ADD 1 THRU 8) Send One Check In This Amount →
	Original Registration Plate - CHECK ONE		<input type="checkbox"/> Transfer of Previously Issued Registration Plate <input type="checkbox"/> Transfer & Replacement of Registration Plate		Reason for Replacement			
	<input type="checkbox"/> Registration Plate to be issued by Department (Proof of Insurance must be attached.)		<input type="checkbox"/> Transfer & Renewal of Registration Plate		<input type="checkbox"/> Lost <input type="checkbox"/> Defaced <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received (Lost in Mail)			
	<input type="checkbox"/> Exchange Registration Plate to be issued by Department		Registration Plate No.		NOTE: If "Never Received" block is checked, applicant must complete Form MV-44.			
<input type="checkbox"/> Temporary Registration Plate issued by Full Agent (NOTE: This registration plate will expire 90 days from date of issuance.)		Expires _____ Month _____ Year		Transferred From Title No.				
Temp. Registration Plate No.		Signature of Person From Whom Registration Plate is Being Transferred (If Other Than Applicant)		Sign Here			Relationship to Applicant	
Insurance Company Name		NAIC No.		Policy No. (Or Attach Binder)		Policy Effective Date		
ISSUING AGENT INFORMATION		I certify that on month _____ day _____ year _____, I have checked to determine that the vehicle is insured and issued temporary registration to the above applicant, in compliance with all applicable provisions of the Vehicle Code and Department regulations.		Issuing Agent (Print Name)		Agent No.		
				Issuing Agent Signature		Telephone No.		
I. NOTARIZATION	Subscribed And Sworn To Before Me: _____ Month _____ Day _____ Year			I/We certify that I/we have examined and signed this application after its completion. I/We further certify that all statements herein are TRUE and CORRECT and make application for certificate of title for the vehicle described in Section A. If any exemption is claimed, the purchaser further certifies that they are authorized to claim this exemption. I/We acknowledge that I/we may lose my/our operating privilege(s) or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration. I/We acknowledge that I/we may be subject to a fine not exceeding \$5,000 and imprisonment of not more than two years for any false statement that I/we make on this application.				
	SIGNATURE OF PERSON ADMINISTERING OATH			Signature of Purchaser or Authorized Signer				
	COMMONWEALTH OF PENNSYLVANIA - NOTARY SEAL Jeanette I Braun Notary Public Montgomery County My Commission Expires 7/21/2027 Commission #1263800			Signature of Co-Purchaser/Title of Authorized Signer				
							MESSNGER NO.	

Record #: 249013

For:  
CHRISTOPHER & GERRY ANN  
HOCKENBURRY  
5375 MORRISDALE ALLPORT HWY PO  
BOX 76  
ALLPORT, PA 168210000  
NON C

Date: 11/21/2025

Time: 12:13 PM

Clerks Initials: ERB

Offline Transaction	Agency Fees
Title Number	Commonwealth of PA - Temp/Trans 2162.59
VIN 4X4FCRM21FS212916	
Year 2015	
Make CEDAR CREEK	
Odometer	
Tag Number PT872X9	
Comments: SENT TO PENNDOT	
TITLE NOT NOTARIZED & POA HAS VOID WATERMARKS	
	Agency amount paid 2162.59
	Payment Type CHECK(353286)
	Check to state 0 0.00
	Surcharge 0.00
	Total Agency Fees 2162.59
	<b>Service Fees</b>
	Messenger Fee 0.00
	Notary Fee 0.00
	Copy/Fax Fee 0.00
	Plate Fee 20.00
	Admin/Clerical Fee 30.00
	Payment Type OTHER
	Total Service Fee 50.00
	Surcharge 0.00
Sworn and subscribed to before me on 21-Nov-2025.	Total Surcharge 0.00
	Total Amount Due 2212.59
	Amount Tendered 2212.59
	Change Due 0.00
	No Refunds on Service or Notary fees. We are not responsible for the work the State fails to process.
Notary Seal	

Your Direct Connection with PENNDOT, "Online", State & Service Fees Apply