



STATE

NEW OR CURRENT TITLE NUMBER	TRANSACTION CODE	REGISTRATION ONLY NUMBER
93627592	N01	

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) ☐ 4 MAD ☐ N ☐ N

LAST NAME	FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL
BSE TRAILER LEASING LLC					

ADDRESS 1 (MAILING)	ADDRESS 2 (PHYSICAL)
10233 GOVERNOR LN BLVD	

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
WILLIAMSPORT	MD	21795			

CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 08/11/2014	*LEASED  *SERVICE OPTIONS  SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 240 772 5501	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
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VEHICLE INFORMATION									
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VIN	MAKE	MODEL	YEAR	BODY	TITLE BRAND - translation	CODE	TYPE OF FUEL - translation	CODE
3H3V532C7FT328322	HYTR	3H3	2015	SE	NEW	N		9

SURRENDERED TITLE #	STATE	PREVIOUS STATES TITLED	VEHICLE USE	VEHICLE TYPE	CURRENT MILEAGE	ODOMETER ACTUAL (7) NOT ACTUAL (8) INDICATOR OVER 15 YRS / 16,000 LBS (1) (Last one) IN EXCESS OF MECHANICAL LIMITS (5)	CODE
MSQ	CA		F	S			1

COLOR CODE (enter appropriate code)* UPPER O	MOBILE HOME LCTH WDTH	# AXLES	GROSS VEHICLE WEIGHT	VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 328322
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PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

PLATE # (1)	CLASS CODE/ISSUE YR (1)(3)	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3)
U526372	8020/1994						PERMANENT

TDR STICKER #(4)	TEMP OPERATOR PERMIT #(3)	# OF SEATS(5)	ZONE(COUNTY NAME)(6)	USDOT / REGISTRANT #(7)	MOTOR CARRIER #(8)
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PLAN INFORMATION (If Non-Exempt) PLAN NAME: CHRYSLER LEASING PLAN									
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LIEN CODE	FIRST LIENHOLDER	LIEN DATE
	SUNTRUST BANK	08/11/2014

STREET	CITY	STATE	ZIP CODE
120 E BALTIMORE ST 25 FL	BALTIMORE	MD	21202
LIEN CODE	SECOND LIENHOLDER	LIEN DATE	

STREET		CITY		STATE		ZIP CODE	

	DATE	SHEET	OF SHEET

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

Source: U.S. Census Bureau, *Marriage, Divorce, Remarriage in the 1990s* (Washington, D.C.: U.S. Government Printing Office, 1996), p. 10.

VEHICLE COST / TAX INFORMATION (required for Title & Registration Transactions)				
SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALES TAX PAID	*TAX EXEMPTION REASON / SALES TAX #

DEALER NAME		DEALER ADDRESS		DEALER #	
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*Required for Duplicate Title - T.C.A. 35-3-115 (submit legible or a letter Certificate of Title)

☐ LOST	☐ STOLEN	☐ MUTILATED	☐ RTN'D DUE TO NON DELIVERY	☐ ALTERED	☐ ILLEGIBLE
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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 SIGNATURES (IF APPLICABLE)	DATE

SIGNATURE OF SERVICE PROVIDER		POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)		DATE
				08/18/2014
INVOICE NUMBER	COUNTY NAME	GO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES/COUNTY CLERK

14230 @	HAMILTON	33	08/18/2014	W.F. (BILL) KNOWLES	HCM2
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OFFICE USE ONLY		EMISSION: Trailer		(total fees collected indicated certifies this form as a valid registration)			
REGISTRATION FEE	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE	TITLE FEE	TOTAL TAX COLLECTED
79.75					12.00	5.50	.00

COMPUTATION OF	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY STICKER FEE
☐ SALES TAX ☐ USE TAX							
ORGAN DONOR		POSTAGE		MED		ID / RESIDENCY VERIFICATION	
SERVICE OPT FEE						TOTAL FEES COLLECTED	

SERVICE OPT TYPE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENT VERIFICATION	TOTAL FEES COLLECTED	
					97.25	
SF-1357	Port: WK52/DR27/8020	Cash: 0.00	Check: 0.00	Check#:	Credit: 0.00	Auth#:
					Change: 0.00	RDA-602