

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

OFFICIAL VEHICLE REGISTRATION



**City Stickers:**

|                                                                                                                                                                                                                                                                                                               |  |                  |  |                                                                                       |  |                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|--|---------------------------------------------------------------------------------------|--|---------------------|--|
| NEW OR CURRENT TITLE NUMBER                                                                                                                                                                                                                                                                                   |  | TRANSACTION CODE |  | REGISTRATION ONLY NUMBER                                                              |  | STATE               |  |
| 93627843                                                                                                                                                                                                                                                                                                      |  | N01              |  |                                                                                       |  |                     |  |
| 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) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |                  |  |                                                                                       |  |                     |  |
| LAST NAME                                                                                                                                                                                                                                                                                                     |  | FIRST NAME       |  | MIDDLE INITIAL                                                                        |  | LAST NAME           |  |
| BSE TRAILER LEASING LLC                                                                                                                                                                                                                                                                                       |  |                  |  |                                                                                       |  |                     |  |
| ADDRESS 1 (MAILING)                                                                                                                                                                                                                                                                                           |  |                  |  | ADDRESS 2 (PHYSICAL)                                                                  |  |                     |  |
| 10233 GOVERNOR LN BLVD                                                                                                                                                                                                                                                                                        |  |                  |  |                                                                                       |  |                     |  |
| CITY                                                                                                                                                                                                                                                                                                          |  | STATE            |  | ZIP CODE                                                                              |  | CITY                |  |
| WILLIAMSPORT                                                                                                                                                                                                                                                                                                  |  | MD               |  | 21795                                                                                 |  |                     |  |
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION                                                                                                                                                                                                                                                            |  | PURCHASE DATE    |  | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> |  | TELEPHONE #         |  |
| HAMILTON 033                                                                                                                                                                                                                                                                                                  |  | 08/11/2014       |  | SEE REVERSE SIDE FOR INSTRUCTIONS                                                     |  | 240 772 5501        |  |
|                                                                                                                                                                                                                                                                                                               |  |                  |  | *PLACARD/HEARING IMPAIRED CLS/YR                                                      |  | *INSURANCE POLICY # |  |

|                                                     |  |                           |                        |         |                      |                           |                              |                                                                                                                                |                            |      |      |  |
|-----------------------------------------------------|--|---------------------------|------------------------|---------|----------------------|---------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------|------|------|--|
| VEHICLE INFORMATION                                 |  |                           |                        |         |                      |                           |                              |                                                                                                                                |                            |      |      |  |
| VIN                                                 |  | MAKE                      | MODEL                  | YEAR    | BODY                 | TITLE BRAND - translation |                              | CODE                                                                                                                           | TYPE OF FUEL - translation |      | CODE |  |
| 3H3V532C1FT328400                                   |  | HYTR                      | 3H3                    | 2015    | SE                   | NEW                       |                              | N                                                                                                                              |                            |      | 9    |  |
| SURRENDERED TITLE #                                 |  | STATE                     | PREVIOUS STATES TITLED |         | VEHICLE USE          | VEHICLE TYPE              | CURRENT MILEAGE              | ODOMETER ACTUAL (0) NOT ACTUAL (8)<br>INDICATOR OVER 10 YRS / 145,000 LBS (1)<br>(List one) IN EXCESS OF MECHANICAL LIMITS (9) |                            | CODE |      |  |
| MSO                                                 |  | CA                        |                        |         | F                    | S                         |                              |                                                                                                                                |                            | 1    |      |  |
| COLOR CODE (enter appropriate code)*<br>UPPER LOWER |  | MOBILE HOME<br>LGTH WDT H |                        | # AXLES | GROSS VEHICLE WEIGHT |                           | VEHICLE TRADE-IN DESCRIPTION |                                                                                                                                | COMPANY VEHICLE #          |      |      |  |
| O                                                   |  |                           |                        |         |                      |                           |                              |                                                                                                                                | 328400                     |      |      |  |

| <small>PLATE INFORMATION (Required for title and registration and for motor carrier trip stickers) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS</small> |                            |                  |                        |                          |                         |                         |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------|------------------------|--------------------------|-------------------------|-------------------------|---------------------------|
| 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) |
| <b>U526450</b>                                                                                                                                        | <b>8020/1994</b>           |                  |                        |                          |                         |                         | <b>PERMANENT</b>          |
| TOR STICKER # (4)                                                                                                                                     | TEMP OPERATOR PERMIT # (3) | # OF SEATS (5)   | ZONE (COUNTY NAME) (6) | USDOT / REGISTRANT # (7) | MOTOR CARRIER # (8)     |                         |                           |
|                                                                                                                                                       |                            |                  |                        |                          |                         |                         |                           |

|                                     |                   |       |            |
|-------------------------------------|-------------------|-------|------------|
| LIEN INFORMATION (if lien transfer) |                   |       |            |
| 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   |
|                                     |                   |       |            |

|                                                     |  |              |           |     |          |
|-----------------------------------------------------|--|--------------|-----------|-----|----------|
| 1. LESSOR / 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 Transaction) |                    |                |               |                                     |
|--------------------------------------------------------------------------------|--------------------|----------------|---------------|-------------------------------------|
| SALE PRICE                                                                     | TRADE IN ALLOWANCE | TAXABLE AMOUNT | SALESTAX PAID | *TAX EXEMPTION REASON / SALES TAX # |
| DEALER NAME                                                                    | DEALER ADDRESS     |                |               | DEALER #                            |

|                                                                                               |                                 |                                    |                                                    |                                  |                                    |
|-----------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|----------------------------------------------------|----------------------------------|------------------------------------|
| Required for Duplicate Title - T.O.V. 5548-118 (submit title or printed Certificate of title) |                                 |                                    |                                                    |                                  |                                    |
| <input type="checkbox"/> LOST                                                                 | <input type="checkbox"/> STOLEN | <input type="checkbox"/> MUTILATED | <input type="checkbox"/> RTN'D DUE TO NON DELIVERY | <input type="checkbox"/> ALTERED | <input type="checkbox"/> ILLEGIBLE |

|                                                                                                                                                                                                                                                                                                           |                                                        |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------|
| Under penalties of perjury, I hereby certify that the 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<br><b>08/19/2014</b> |

|                                                                     |                  |                                                                              |                     |                                                           |
|---------------------------------------------------------------------|------------------|------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------|
| INVOICE NUMBER                                                      | COUNTY NAME      | CO NUMBER                                                                    | DATE OF APPLICATION | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) |
| 14231 @                                                             | HAMILTON         | 33                                                                           | 08/19/2014          | W.F. (BILL) KNOWLES                                       |
| OFFICE USE ONLY                                                     |                  | HCM27                                                                        |                     |                                                           |
| REGISTRATION FEE                                                    |                  | (total fees collected indicated certifies this form as a valid registration) |                     |                                                           |
| 79.75                                                               | CREDIT           | LEASE FEE                                                                    | TRANS FEE           | CLERK FEE                                                 |
|                                                                     |                  |                                                                              |                     | ISSUANCE FEE                                              |
|                                                                     |                  |                                                                              |                     | 12.00                                                     |
|                                                                     |                  |                                                                              |                     | 5.50                                                      |
|                                                                     |                  |                                                                              |                     | TOTAL TAX COLLECTED                                       |
|                                                                     |                  |                                                                              |                     | .00                                                       |
| COMPUTATION OF                                                      | SALES OR USE TAX | SA TAX                                                                       | LOCAL TAX           | ADDITIONAL TAX                                            |
| <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX |                  |                                                                              |                     | COLLECTED IN STATE OF                                     |
|                                                                     |                  |                                                                              |                     | COUNTY WHEEL TAX                                          |
|                                                                     |                  |                                                                              |                     | CITY STICKER FEE                                          |
| *SERVICE OPT FEE                                                    | ORGAN DONOR      | POSTAGE                                                                      | VER                 | ID / RESIDENCY VERIFICATION                               |
|                                                                     |                  |                                                                              |                     | *TOTAL FEES COLLECTED                                     |
|                                                                     |                  |                                                                              |                     | 97.25                                                     |