

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

## OFFICIAL VEHICLE REGISTRATION



ACCRESS   PRYSICAL)	City Stickers:												STATE	
DESE TRAILER LEASING INC  ADDRESS INALING  ADDRESS INALIN		JMBER			TRA		REGI	STRATION ONLY NUMBE	R					
DESE TRAILER LEASING INC  ADDRESS INALING  ADDRESS INALIN	OWNER INFORMATION *LEG	SAL STATUS: 1 (AND) 2 (OR)	ENTER NAME	CODE IN BOX	(1 (SAME)	2(DIFFERE	NT) 3(MULTIPLE L	AST NAMES) 4(COMPANY	) 5(OVER	28 CHARACT	ERS) 4	MAO N ILU	N	
10233 GOVERNOR LN BLVD	LAST NAME	T NAME	MIDDLE INITIAL			LAST NAME			FIRST NAME					
WILLIAMSPORT	ADDRESS 1 (MAILING)						ADDRESS 2 (PHY	SICAL)						
WILLIAMSPORT  MD 21795  TELEPHONE F PULCARGAMEAN (IMPARED CLEYT NIGORAGE CONTING)  TELEPHONE F PULCARGAMEAN (IMPARED CLEYT NIGORAGE CONTING)  TELEPHONE F PULCARGAMEAN (IMPARED CLEYT NIGORAGE CONTING)  THE STATE FOR CONTING THE STATE OF THE CONTING CONTIN		NOR LN BLVD	STATE	71	D CODE		CITY			CT	ATE	710 0005		
Name	WILLIAMSPORT ME CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION PURCHASE DATE									SIAIE		ZIP CODE	(	
MARE    MARE   MODEL   YEAR   BODY   TITLE BRANCO Introlablem   CODE   TYPE OF FUEL - translation   CODE			12/02/2014 *LEA				ue l		CARD/HEA	RD/HEARING IMPAIRED CLS/YR		*INSURANCE POLICY#		
SUPPRINCIPATION OF PLATE BY STATE PREVIOUS STATES FLE SUPPRINCIPATION OF PLATE STATE PREVIOUS STATES STATE PREVIOUS STATES STATE PREVIOUS STATES STATE PREVIOUS STATES STATE SUPPRINCIPATION OF PLATE STATE PREVIOUS STATES STATE SUPPRINCIPATION OF PLATE STATE SUPPRINCIPATION OF PLATE STATE STATE SUPPRINCIPATION OF PLATE STATE		1 1												
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COURS COLOR LINE PREPARED HEADY COLOR CONTROL COMPANY VEHICLE WIGHT VEHICLE TRADE-IN DESCRIPTION COMPANY VEHICLE # \$5418  S418  TAKES OROSS VEHICLE WIGHT VEHICLE INSTRUCTIONS  CARSCODISSIONEN (1/0) VALIDATION (				PREVIOUS STATES TITLE				PE CORRENT MILE	AGE	INDICATOR (List one)	OVER 10 YRS	/ 16,000 LBS (1) MECHANICAL LIMITS (9)	16.7	
PLATE INFORMATION (Insurant for Title and Regularistic and Regularistic Only Transactions) SERRYPES SIDE FOR COMPLETE INSTRUCTIONS  PLATE 4(1) CLASS CODE/SSUE YR(1)) PLATE (ITRADE IN)(2) CLASS CODE/SSUE YR(2) PARTICIONATION (ITRADE IN)(2) CLASS CODE/SSUE YR(2) PARTICIONATION (ITRADE IN)(2) CLASS CODE/SSUE YR(2) PARTICIONATION (ITRADE IN)(2) PROPERTY (ITRADE IN)(2)	COLOR CODE (enter appropriate code)* UPPER LOWER LOWER WDTH							*VEHICLE TRADE	IN DESCR	DESCRIPTION		COMPANY VEHICLE #		
PLATE #(1) CLASSCODE/SSUE/R(1)(2) CLASSCODE/SSUE/R(1)(2) CLASS CODE/SSUE/R(1)(2) CLASS CODE/SSUE/R(1)(		red for Title and Pagistration	and Begistration On	h. Tonas noticas)	PEE DEM	EDEC CIDE I	OD COUDLETE IN	ETRUCTIONS				54	F10	
TOR STICKER REQ.  TEMP OPERATOR PERMIT 8(3)  TOR STICKER REQ.  TOR STICKER REQ.  TEMP OPERATOR PERMIT 8(3)  TOR SEATS(9)  ZONE(COUNTY NAME)(6)  USDOT / REGISTRANT 8(7)  MOTOR CARRIER 8(9)  MOTOR CARRIER 8(9)  LIEN DATE  12/02/2014  STATE  ZIP CODE  SECOND LIEN HOLDER  STATE  ZIP CODE  LIEN DATE	PLATE #(1) CL	ASSCODE/ISSUEYR(1)(3)							2) C	LASS CODE/I	SSUE YR(2)	EXPIRATION DATE	(1)(2)(3)	
LIEN INFORMATION (If less present)  LIEN CODE  FREST LIENFOLDER  SUNTRUST BANK  12/02/2014  STREET  120 E BALTIMORE ST 25 FL  BALTIMORE  SECOND LIENFOLDER  LIEN DATE  LIEN DATE  21/02/2014  LIEN DATE  LIEN DAT													ANENT	
LIEN DATE SUNTRUST BANK  SITATE 120 E BALTIMORE ST 25 FL  BALTIMORE  STATE 120 E BALTIMORE STATE  STATE 120 E BALTIMORE  STATE 120 E BALTIMORE  STATE 120 E BALTIMORE  STATE 120 E BALTIMORE  STATE  CITY  STATE  LIEN DATE	TOR STICKER #(4)	TEMP OPERATOR PERMIT	#(3)  # OF S	EATS(5) Z	ONE(COU	NTY NAME)(	6)	USDOT / REGISTRANT	¥(7)		MO	TOR CARRIER #(8)		
LEN CODE  SECOND LIENHOLDER  LEGAL STATUS  NAME  COTY  STATE  ZIP CODE  **LESSEE/REGISTRANT INFORMATION(OWNER OF PLATE)  LEGAL STATUS  NAME  **CITY  STATE  ZIP CODE  **LESSEE/REGISTRANT INFORMATION(OWNER OF PLATE)  NAME  **COTY  STATE  ZIP CODE  **CODE  **CODE  **CODE  **CONTY STATE  **CODE  *	LIEN CODE FIRST LIEN	HOLDER	•				CITY			STA	TE.	12/0		
STREET  CITY  STATE  ZIP CODE  NAME  ADDRESS  CITY  STATE  ZIP CODE  VEHICLE COST / TAX INFORMATION *Creatured for Title & Registration Transactions)  SALE PRICE  TRADE IN ALLOWANCE  TRA	120 E BALTIMORE ST 25 FL									MD 21202				
**LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE) LEGAL STATUS NAME ODE MAO ILU  NAME  ADDRESS  CITY  STATE  ZIP CODE  VEHICLE COST / TAX INFORMATION **(required for Title & Registration Transactions)*  SALE PRICE  TRADE IN ALLOWANCE  TRADE IN ALTERED  ILLEGIBLE  Under penalties of parjury, hereby certify all information provided by me or on my behalf.  SIGNATURE OF CERTIFIER/OWNER  POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE  02/20/2015  NOGICE NUMBER  COUNTY NAME  CO NUMBER  CON NUMBER  COUNTY NAME  CO NUMBER  CON NUMBER  COUNTY NAME  CO NUMBER  CON NUMB	LIEN CODE SECOND LI	IENHOLDER										LIEN DA	ATE	
NAME  ADDRESS  CITY  STATE  ZIP CODE  VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)  SALE PRICE  TRADE IN ALLOWANCE  TRADE IN ALLOW	STREET						YTK			STATE		ZIP CODE		
ADDRESS  CITY  STATE  ZIP CODE  VEHICLE COST / TAX INFORMATION * (required for Title & Registration Transactions)  SALE PRICE  TRADE IN ALLOWANCE  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 lilegible or altered Certificate of Title)  LOST  STOLEN  MUTILATED  RIND DUE TO NON DELIEVERY  ALTERED  LILEGIBLE  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  OF its assigness to Selemine the accuracy of the information provided by me or on my behalf  SIGNATURE OF CERTIFIER/OWNER  POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE  O2/20/2015  NVOICE NUMBER  COUNTY NAME  CO NUMBER  COUNTY NAME  CO NUMBER  ADATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)  TOTAL TAX COLLECTED  TOTAL	*LESSEE / REGISTRANT INFO	ORMATION(OWNER OF PLA	TE)	LEGAL STATU	us 🔲	NAME (	CODE	MAO ILU		11.5				
VEHICLE COST / TAX INFORMATION "(required for Title & Registration Transactions) SALE PRICE  TRADE IN ALLOWANCE  TAXABLE AMOUNT  SALESTAX PAID  *TAX EXEMPTION REASON / SALES TAX #  DEALER ADDRESS  DEALER #  *Required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title)  LOST  STOLEN  MUTILATED  RIND DUE TO NON DELIEVERY  ALTERED  LILEGIBLE  Under penalities 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  02/20/2015  INVOICE NUMBER  COUNTY NAME  CONUMBER DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)  15051  HAMILTON  33  02/20/2015  W.F. (BILL) KNOWLES  HCM27  (total fees collected indicated certifies this form as a valid registration)  REGISTRATION FEE  REGISTRATION FEE  TRANS FEE  CLERK FEE  INVANCE FEE  TRANS FEE  TRANS FEE  TOTAL TAX COLLECTED  12.00  5.50  .00	NAME						NAME							
SALE PRICE  TRADE IN ALLOWANCE  TAXABLE AMOUNT  SALESTAX PAID  TAX EXEMPTION REASON / SALES TAX #  DEALER ADDRESS  DEALER #  TREQUIRED for Duplicate Title - T.C.A. 55-3-115 (submit lilegible or altered Certificate of Title)  LOST  STOLEN  MUTILATED  MUTILATED  RTIND DUE TO NON DELIEVERY  ALTERED  LILEGIBLE  Under penalties of penjury. 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  SIGNATURE OF CERTIFIER/OWNER  POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE  02/20/2015  NVOICE NUMBER  COUNTY NAME  CONUMBER  CONUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)  HAMILTON  OFFICE USE ONLY  REGISTRATION FEE  CREDIT  LEASE FEE  TRANS FEE  CLERK FEE  SISSUANCE FEE  TITLE FEE  TOTAL TAX COLLECTED  TOTAL TAX COLLECTED  12.00  5.50  .00	ADDRESS					CIT	Υ			STA	ATE .	ZIP CODE		
*Required for Duplicate Title -T.C.A. 55-3-115 (submit lilegible or altered Certificate of Title)  LOST STOLEN MUTILATED RTN'D DUE TO NON DELIEVERY ALTERED 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  02/20/2015  INVOICE NUMBER  CO NUMBER DATE OF APPLICATION BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)  15051  HAMILTON  OFFICE USE ONLY  EMISSION: Trailer  CREDIT LEASE FEE TRANS FEE CLERK FEE ISSUANCE FEE TITLE FEE TOTAL TAX COLLECTED  79.75			ctions)	TAXABI	LE AMOUNT	SALESTAX PAID			*TAX EXEMPTION REASON / SALES TAX #					
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    Signature of Certifier/Owner	DEALER NAME		DEALER AD	DRESS					DEALER#					
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    Signature of Certifier/Owner	*Required for Duplicate Title	T.C.A. 55-3-115 (submit illenit	ile or altered Certify	rate of Title)										
SIGNATURE OF CERTIFIER/OWNER  POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE  02/20/2015  INVOICE NUMBER  COUNTY NAME  COUNTY NAME  COUNTY NAME  COUNTY NAME  DATE OF APPLICABLE)  DATE  02/20/2015  W.F. (BILL) KNOWLES  HCM27  OFFICE USE ONLY  REGISTRATION FEE  CREDIT  LEASE FEE  TRANS FEE  CLERK FEE  ISSUANCE FEE  TITLE FEE  TOTAL TAX COLLECTED  12.00  5.50  .00						RTN	OD DUE TO NON E	DELIEVERY	ALTER	≣D		ILLEGIBLE		
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15051 @ HAMILTON 33 02/20/2015 W.F. (BILL) KNOWLES HCM27  OFFICE USE ONLY EMISSION: Trailer (total fees collected Indicated certifies this form as a valid registration)  REGISTRATION FEE TITLE FEE TOTAL TAX COLLECTED  79.75 TRANS FEE CLERK FEE 12.00 5.50 .00											02/20/2015			
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Port: wk48/DR27/8020

Cash: 0.00

Check: 0.00

Check#:

Credit: 0.00

Auth#:

Change: 0.00

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