



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

OFFICIAL VEHICLE REGISTRATION



City Stickers:

NEW OR CURRENT TITLE NUMBER 93594426	TRANSACTION CODE N01	REGISTRATION ONLY NUMBER
--	--------------------------------	--------------------------

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 checked="" type="checkbox"/> 4			MAO <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/>
LAST NAME BSE TRAILER LEASING LLC	FIRST NAME	MIDDLE INITIAL	LAST NAME

ADDRESS 1 (MAILING) 10233 GOVERNOR LANE BLVD	ADDRESS 2 (PHYSICAL)
--	----------------------

CITY WILLIAMSPORT	STATE MD	ZIP CODE 21795	CITY	STATE	ZIP CODE
-----------------------------	--------------------	--------------------------	------	-------	----------

CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 04/17/2014	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # 301 582 1793	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
---	------------------------------------	---	------------------------------------	----------------------------------	---------------------

VEHICLE INFORMATION									
VIN 3H3V532C5FT154363	MAKE HYTR	MODEL 3H3	YEAR 2015	BODY SE	TITLE BRAND - translation NEW	CODE N	TYPE OF FUEL - translation	CODE 9	

SURRENDERED TITLE # MSO	STATE TN	PREVIOUS STATES TITLED	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (0) INDICATOR OVER 10 YRS / 15,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (0)	CODE 1
-----------------------------------	--------------------	------------------------	-------------------------	--------------------------	-----------------	---	------------------

COLOR CODE (enter appropriate code)* UPPER O	MOBILE HOME LGTH WOTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 154363
---	--------------------------	---------	----------------------	-------------------------------	------------------------------------

PLATE INFORMATION *Required for Title and Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE #(1) U488995	CLASSCODE/ISSUEYR(1)(3) 8020/1994	VALIDATION #(1)	COUNTY STICKER #(1)	CITY STICKER #(1)(2)	*PLATE #(TRADE IN)(2)	CLASS CODE/ISSUE YR(2)	EXPIRATION DATE (1)(2)(3) PERMANENT

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 SUNTRUST BANK		LIEN DATE 04/17/2014

STREET 120 E BALTIMORE ST 25 FL	CITY BALTIMORE	STATE MD	ZIP CODE 21202
---	--------------------------	--------------------	--------------------------

LIEN CODE	SECOND LIENHOLDER		LIEN DATE
-----------	-------------------	--	-----------

STREET	CITY	STATE	ZIP CODE
--------	------	-------	----------

*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE) LEGAL STATUS NAME CODE MAO ILU

NAME	NAME
ADDRESS	CITY STATE ZIP CODE

SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX PAID	*TAX EXEMPTION REASON / SALES TAX #
DEALER NAME	DEALER ADDRESS	DEALER #		

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RT'ND 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 04/30/2014
------------------------------	---	---------------------------

INVOICE NUMBER 14120 @	COUNTY NAME HAMILTON	GO NUMBER 33	DATE OF APPLICATION 04/30/2014	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W.F. (BILL) KNOWLES	HCM27
----------------------------------	--------------------------------	------------------------	--	---	--------------

OFFICE USE ONLY	EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration)						
REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE 12.00	TITLE FEE 5.50	TOTAL TAX COLLECTED .00
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL 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		