



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

OFFICIAL VEHICLE REGISTRATION

154401

City Stickers:

NEW OR CURRENT TITLE NUMBER 93595027	TRANSACTION CODE N01	REGISTRATION ONLY NUMBER
--	--------------------------------	--------------------------

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** MAO **N** LU **N**

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

ADDRESS 1 (MAILING) **10233 GOVERNOR LN 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 **0** *SERVICE OPTIONS SEE REVERSE SIDE FOR INSTRUCTIONS TELEPHONE # **301 582 1793** *PLACARD/HEARING IMPAIRED CLS/YR *INSURANCE POLICY #

VEHICLE INFORMATION

VIN 3H3V532C9FT154401	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 (8) INDICATOR OVER 10 YRS / 15,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE 1
--------------------------------	-----------------	------------------------	--	----------------------	-----------------------	-------------------------	---	---------------

COLOR CODE (enter appropriate code)* UPPER O LOWER 	MOBILE HOME LGTH WDTN 	# AXLES 	GROSS VEHICLE WEIGHT 		*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # 154401
--	--	-----------------	------------------------------	--	-------------------------------	--	---------------------------------

PLATE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

PLATE #(1) U489225	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 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 LU

NAME 	NAME
--------------	--------------

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 titleable or altered 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 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 assigns 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 05/02/2014
--------------------------------------	---	------------------------

INVOICE NUMBER 14122 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 05/02/2014	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W.F. (BILL) KNOWLES	KAR46
-------------------------------	-----------------------------	---------------------	---------------------------------------	--	-------

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
--------------------------	---------------------	-----------------	-------------	-------------------------------------	--	--	------------------------------------