



STATE  
154528

**City Stickers:**

NEW OR CURRENT TITLE NUMBER <b>93595575</b>	TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER
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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 25 CHARACTERS) <b>4</b>			MAO <input type="checkbox"/> ILL <input type="checkbox"/>
LAST NAME <b>BSE TRAILER LEASING LLC</b>	FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS 1 (MAILING) <b>10233 GOVERNOR LN BLVD</b>	ADDRESS 2 (PHYSICAL)		
CITY <b>WILLIAMSPORT</b>	STATE <b>MD</b>	ZIP CODE <b>21795</b>	CITY
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>04/17/2014</b>	*LEASED <input type="checkbox"/> 0 *SERVICE OPTIONS SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # <b>301 582 1793</b>
*PLACARD/HEARING IMPAIRED CLS/YR		*INSURANCE POLICY #	

VEHICLE INFORMATION		MAKE <b>HYTR</b>	MODEL <b>3H3</b>	YEAR <b>2015</b>	BODY <b>SE</b>	TITLE BRAND - translation NEW		CODE <b>N</b>	TYPE OF FUEL - translation	CODE <b>9</b>
SURRENDERED TITLE # <b>MSO</b>		STATE <b>TN</b>	PREVIOUS STATES TITLED		VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 10,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9)		CODE <b>1</b>
COLOR CODE (enter appropriate code)* UPPER <b>O</b>	LOWER LGTH WDTH	# AXLES		GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION			COMPANY VEHICLE # <b>154528</b>	

PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS										
PLATE #(1) <b>U489528</b>	CLASS CODE/ISSUE YR(1)(3) <b>8020/1994</b>	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 <b>SUNTRUST BANK</b>									LIEN DATE <b>04/17/2014</b>
STREET <b>120 E BALTIMORE ST 25 FL</b>	CITY		STATE		ZIP CODE		<b>MD</b>	<b>21202</b>		
LIEN CODE	SECOND LIENHOLDER									LIEN DATE
STREET	CITY		STATE		ZIP CODE					

*LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE)		LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/> ILL <input type="checkbox"/>
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 legible 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 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		
								<b>05/05/2014</b>		

INVOICE NUMBER <b>14125 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>05/05/2014</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>					
(total fees collected indicated certifies this form as a valid registration)									
REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>	TOTAL TAX COLLECTED <b>.00</b>		
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 <b>97.25</b>	