



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



City Stickers:

NEW OR CURRENT TITLE NUMBER <b>93605587</b>		TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER		STATE
OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) 3 ENTER NAME CODE IN BOX 4 (SAME ZIC DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 6 (OVER 28 CHARACTERS) <b>4</b> MAG <input checked="" type="checkbox"/> N ILU <input checked="" type="checkbox"/> N					
LAST NAME <b>BSE TRAILER LEASING LLC</b>		FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME MIDDLE INITIAL
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	STATE ZIP CODE
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>06/03/2014</b>	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input checked="" type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # <b>240 772 5501</b>	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
VEHICLE INFORMATION					
VIN <b>3H3V532C7FT154770</b>	MAKE <b>HYTR</b>	MODEL <b>3H3</b>	YEAR <b>2015</b>	BODY <b>SE</b>	TITLE BRAND - translation <b>NEW</b> CODE <b>N</b> TYPE OF FUEL - translation <b>N</b> 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
COLOR CODE (enter appropriate code)* UPPER <b>O</b>		MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION
					COMPANY VEHICLE # <b>154770</b>
*PLATE INFORMATION *required for Title and Registration and Registration Only Transactions. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS					
PLATE #(1) <b>U495880</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) <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 present)					
LIEN CODE	FIRST LIENHOLDER <b>SUNTRUST BANK</b>				LIEN DATE <b>06/03/2014</b>
STREET <b>120 E BALTIMORE ST 25 FL</b>		CITY <b>BALTIMORE</b>		STATE <b>MD</b>	ZIP CODE <b>21202</b>
LIEN CODE	SECOND LIENHOLDER				LIEN DATE
STREET		CITY		STATE	ZIP CODE
*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)					
NAME		LEGAL STATUS	NAME CODE	MAG	ILU
ADDRESS		CITY		STATE	ZIP CODE
VEHICLE COST / TAX INFORMATION *required for Title & Registration Transactions					
SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALE TAX PAID	*TAX EXEMPTION REASON / SALES TAX #	
DEALER NAME		DEALER ADDRESS			DEALER #
*Required for Duplicate Title - T.C.A. 55-3-116 (sub m) (eligible or a (ered Certificate of Title)					
<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTND 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>06/05/2014</b>
INVOICE NUMBER <b>14156 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>06/05/2014</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES HCM27</b>	
OFFICE USE ONLY EMISSION: Trailer					
REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	(total fees collected indicated certifies this form as a valid registration)
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 <b>97.25</b>

154-770