



NEW OR CURRENT TITLE NUMBER	TRANSACTION CODE	REGISTRATION ONLY NUMBER
93606140	N01	

OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) 3 ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS)		4		MAD ☒ N ☐ IL ☒ N ☐	
LAST NAME		FIRST NAME		MIDDLE INITIAL	
BSE TRAILER LEASING LLC					
ADDRESS 1 (MAILING)		ADDRESS 2 (PHYSICAL)			
10233 GOVERNOR LN BLVD					
CITY		STATE		ZIP CODE	
WILLIAMSPORT		MD		21795	
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION		PURCHASE DATE		TELEPHONE #	
HAMILTON 033		06/03/2014		240 772 5501	
*LEASED ☒ *SERVICE OPTIONS ☐		SEE REVERSE SIDE FOR INSTRUCTIONS		*PLACARD HEARING IMPAIRED CLS/YR	
				*INSURANCE POLICY #	

VIN	MAKE	MODEL	YEAR	BODY	TITLE BRAND - translation	CODE	TYPE OF FUEL - translation	CODE
3H3V532C6FT154808	HYTR	3H3	2015	SE	NEW	N		9
SURRENDERED TITLE #	STATE	PREVIOUS STATES TITLED	VEHICLE USE	VEHICLE TYPE	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 10,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE	
MSO	TN		F	S			1	
COLOR CODE (enter appropriate code) UPPER LOWER	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION			COMPANY VEHICLE #	
O							154808	

PLATE # (1) U496218	CLASS CODE/ISSUE YR (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) (3)		USDOT / REG/STANT # (7)		MOTOR CARRIER # (3)

LIEN CODE	FIRST LIEN/OLDER	LIEN DATE
	SUNTRUST BANK	06/03/2014

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

LIEN CODE	SECOND LIENHOLDER	LIEN DATE
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STREET	CITY	STATE	ZIP CODE
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LESSEE/REGISTRANT INFORMATION (OWNER OF PLATE)		LEGAL STATUS	NAME CODE	MAC	ILU
NAME			NAME		

ADDRESS		CITY	STATE	ZIP CODE
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[illegible]

SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX PAID	*TAX EXEMPTION REASON / SALES TAX #
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DEALER NAME	DEALER ADDRESS	DEALER #
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☐ LOST	☐ STOLEN	☐ MUTILATED	☐ RTN'D DUE TO NON DELIEVERY	☐ ALTERED	☐ ILLEG/BL
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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.

I hereby declare to certify the accuracy of the information provided by me or on my behalf: SIGNATURE OF CERTIFIER/OWNER			POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)	DATE 06/06/2014
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INVOICE NUMBER	COUNTY NAME	CO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)
14157 @	HAMILTON	33	06/06/2014	W.F. (BILL) KNOWLES HCM27

OFFICE USE ONLY		EMISSION: Trailer		(total fees collected indicated certifies this form as a valid registration)			
REGISTRATION FEE	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE	TITLE FEE	TOTAL TAX COLLECTED
79.75					12.00	5.50	.00

COMPUTATION OF	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY STICKER FEE
☐ SALES TAX ☐ USE TAX							
TOTAL FEES COLLECTED							

*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	TOTAL FEES COLLECTED
					97.25