



NEW OR CURRENT TITLE NUMBER	TRANSACTION CODE	REGISTRATION ONLY NUMBER
93606297	N01	

OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ☐ ENTER NAME CODE IN BOX: 1 (NAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (COVER 20 CHARACTERS) ☐ 4										MAG ☐ N ☐ ILU ☐ 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 06/03/2014			*LEASED ☐ *SERVICE OPTIONS ☐ SEE REVERSE SIDE FOR INSTRUCTIONS			TELEPHONE # 240 772 5501			*PLACARD/HEARING IMPAIRED CLS/YR			*INSURANCE POLICY #		

VEHICLE INFORMATION												
VIN		MAKE	MODEL	YEAR	BODY	TITLE BRAND - translation		CODE	TYPE OF FUEL - translation		CODE	
3H3V532CXFT154875		HYTR	3H3	2015	SE	NEW		N			9	
SURRENDERED TITLE #		STATE	PREVIOUS STATES TITLED		VEHICLE USE	VEHICLE TYPE	CURRENT MILEAGE	ODOMETER ACTUAL (2) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (4)		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									154875			

PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1)	CLASS CODE/ISSUE YR (1)(3)	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3)
U496285	8020/1994						PERMANENT
TDR STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)	USDOT / REGISTRANT # (7)	MOTOR CARRIER # (8)		

LIEN INFORMATION (if not present)			
LIEN CODE	FIRST LIENHOLDER		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
STREET	CITY	STATE	ZIP CODE

LESSEE/REGISTRANT INFORMATION (OWNER OF PLATE)		LEGAL STATUS	NAME CODE	MAO	ILU
NAME			NAME		
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 Type 3, 4, C.A. 55-3-114 (submit 1) (entire or altered Certificate of Title))						
☐ LOST	☐ STOLEN	☐ MUTILATED	☐ RTN'D DUE TO NON DELIVERY	☐ ALTERED	☐ 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 06/06/2014

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	
79.75								ISSUANCE FEE	
								12.00	
								5.50	
								TOTAL TAX COLLECTED	
								.00	
COMPUTATION OF		SALES OR USE TAX		SA TAX		LOCAL TAX		ADDITIONAL TAX	
☐ SALES TAX ☐ 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	
								97.25	