



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

OFFICIAL VEHICLE REGISTRATION



City Stickers:

NEW OR CURRENT TITLE NUMBER <b>93617502</b>	TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER	STATE
--	--------------------------------	--------------------------	-------

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 28 CHARACTERS) <b>4</b> MAO <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/>							
LAST NAME <b>BSE TRAILER LEASING LLC</b>		FIRST NAME <b>MIDDLE INITIAL</b>		LAST NAME <b>FIRST NAME</b>		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 <b>STATE</b>	
CITY <b>WILLIAMSPORT</b>		STATE <b>MD</b>		ZIP CODE <b>21795</b>		CITY <b>STATE</b>	
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>		PURCHASE DATE <b>07/14/2014</b>		*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS		TELEPHONE # <b>301 582 1793</b>	
				*PLACARD/HEARING IMPAIRED CLS/YR		*INSURANCE POLICY #	

VEHICLE INFORMATION																	
VIN <b>3H3V532C2FT155096</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		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 / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)		CODE <b>1</b>			
COLOR CODE (enter appropriate code)* UPPER <b>O</b>		MOBILE HOME LGTH <b>WIDTH</b>		# AXLES		GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # <b>155096</b>							

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS															
PLATE # (1) <b>U523951</b>		CLASSCODE/ISSUEYR (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>	
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>07/14/2014</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)				LEGAL STATUS <input type="checkbox"/>		NAME CODE <input type="checkbox"/>		MAO <input type="checkbox"/>		ILU <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 illegible 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>07/18/2014</b>	
------------------------------	--	--	--	---------------------------	--

INVOICE NUMBER <b>14199 @</b>		COUNTY NAME <b>HAMILTON</b>		CO NUMBER <b>33</b>		DATE OF APPLICATION <b>07/18/2014</b>		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>		<b>KAR46</b>	
OFFICE USE ONLY REGISTRATION FEE <b>79.75</b>		CREDIT <b>EMISSION: Trailer</b>		LEASE FEE		TRANS FEE		CLERK FEE		(total fees collected indicated certifies this form as a valid registration)	
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	
*SERVICE OPT FEE		ORGAN DONOR		POSTAGE		VER		ID / RESIDENCY VERIFICATION		*TOTAL FEES COLLECTED <b>97.25</b>	