



NEW OR CURRENT TITLE NUMBER	TRANSACTION CODE*	REGISTRATION ONLY NUMBER
93617582	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 (OVER 25 CHARACTERS) ☐ 4										MAG ☐ N		LIC ☐ N						
LAST NAME			FIRST NAME			MIDDLE INITIAL			LAST NAME			FIRST NAME			MIDDLE INITIAL			
BSE TRAILER LEASING LLC																		
ADDRESS 1 (MAILING)										ADDRESS 2 (PHYSICAL)								
10233 GOVERNOR LN BLVD																		
CITY			STATE			ZIP CODE			CITY			STATE			ZIP CODE			
WILLIAMSPORT			MD			21795												
CITY OF RESIDENCE/PRINCIPAL BUS OR HOORP LOCATION				PURCHASE DATE			*LEASED ☐ 0 *SERVICE OPTIONS ☐			TELEPHONE #			*PLACARD/HEARING IMPAIRED CLS/YR			*INSURANCE POLICY #		
HAMILTON 033				07/14/2014			SEE REVERSE SIDE FOR INSTRUCTIONS			301 582 1793								

VIN		MAKE	MODEL	YEAR	BODY	TITLE BRAND - translation		CODE	TYPE OF FUEL - translation		CODE
3H3V532C3FT155141		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 (8)		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									155141		

PLATE # (1) U523996	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
TOR STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)		USDOT / REGISTRANT # (7)	MOTOR CARRIER # (8)	

LIEN CODE	FIRST LIENHOLDER			LIEN DATE
	SUNTRUST BANK			07/14/2014
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

NAME		NAME	
ADDRESS	CITY	STATE	ZIP CODE

SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX PAID	TAX EXEMPTION REASON / SALES TAX #
DEALER NAME		DEALER ADDRESS		DEALER #

(Required for Duplicates Title - F.C.A. 45-3-115 (non-amendable or altered Certificate of Title))					
☐ LOST	☐ STOLEN	☐ MUTILATED	☐ RTND 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.

I hereby assign to addressee ownership of the information provided by me or on my behalf.		
SIGNATURE OF CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)	DATE 07/18/2014

INVOICE NUMBER		COUNTY NAME		CO NUMBER		DATE OF APPLICATION		BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)	
14199 @		HAMILTON		33		07/18/2014		W.F. (BILL) KNOWLES	
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	
								TITLE FEE	
								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	